Eczema / Atopic Dermatitis

My action plan

Prepared for Dr. Christopher Burress | Patient & caregiver plan

CLINICIAN COMPLETION REQUIRED - Individualize before patient use.

Patient name

Date of birth

Plan date

Clinic / clinician

Clinic / after-hours number

GREEN | Skin comfortable: protect it every day

Use Eucerin cream, Aquaphor ointment or a fragrance-free store-brand equivalent at least twice daily and after bathing, even when the rash is gone.

My moisturizer

Prevention medicine / sites / days (if prescribed)

YELLOW | Itchy, rough or inflamed skin: treat the flare

Continue daily care. Start the prescribed flare medicine below. Eczema may look red, purple, gray or darker than nearby skin. Follow the plan for each body area; do not swap medicines.

Face / skin folds: medicine name & strength

Times per day / maximum days

Body: medicine name & strength; exact areas

Times per day / maximum days

When skin is smooth and comfortable, stop flare medicine as directed and return to GREEN. Do not keep treating a color change alone. Call if worsening, sleep is disrupted, or not improving within 1-2 weeks.

RED | Possible infection or serious illness: get help

Get same-day medical care: new pus, crusting, spreading warmth or pain; fever; painful clusters of blisters or open sores; or rash near the eye. If care is unavailable, go to urgent care or the ER.
Call 911: trouble breathing, fainting, or the child is very hard to wake.

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Daily care & personalized instructions

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A simple skin-care routine

1. Wash gently. Use lukewarm water for 5-10 minutes. Use a mild, fragrance-free cleanser only where needed. Avoid bubble baths and scrubbing.
2. Pat dry. Apply the prescribed medicine to active eczema, then moisturizer to the whole body while skin is still slightly damp.
3. Reduce irritation. Choose soft clothing and fragrance-free detergent. Keep nails short. Avoid overheating and the triggers that bother your child.

Itch & sleep: keep a regular bedtime and avoid overheating. A cool damp cloth on itchy skin can help briefly. Call if itch keeps your child awake.

Use medicines safely

Use only the medicine, amount, body areas and schedule chosen for your child. Face, eyelids, folds and diaper-covered skin need special care. Do not use a body steroid there unless specifically prescribed.

Ask the clinician to show you how much to apply. Do not mix medicine into moisturizer unless instructed. Do not add antibiotic creams, sleep medicines or antihistamines on your own. Do not remove foods from the diet without medical guidance.

Amount per application / fingertip units by body area (clinician completes)

Other prescribed treatments / special instructions (attach a separate plan if needed)

Cool wet wraps: use only as taught; avoid cold/ice water and chilling. Steroid wraps increase absorption; never wrap Opzelura. Do not wrap infected skin without advice. Bleach baths require separate instructions; never apply undiluted bleach.

Follow-up date

Approving clinician / date

Sources for clinician review: AAP treatment guidance; AAP family eczema guidance; AAD self-care.
Original educational material informed by supplied OpenEvidence content; reviewed against linked guidance.

Eczema / Atopic Dermatitis

Clinician reference | treatment selection

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NOT PATIENT ORDERS. Select an age- and site-appropriate regimen, reconcile allergies and other medicines, and transfer only the chosen instructions to pages 1-2. Check the complete label before prescribing. This is a focused reference, not an exhaustive formulary.

Stepwise care and topical options

Foundation and flares
Emollients continue throughout treatment. Add topical anti-inflammatory therapy for active eczema. Use the lowest effective steroid potency for the site and age; reassess response and adherence. Persistent or severe disease warrants specialist review.

Topical corticosteroids
Low-potency examples: hydrocortisone 1% or 2.5%, especially infants and face/folds. Body flares may require a clinician-selected agent such as triamcinolone 0.025% or 0.1%. Often once or twice daily for a short course; specify stop date. Avoid routine high-potency therapy on face/folds/diaper skin.

Tacrolimus / pimecrolimus
Second-line, noncontinuous treatment in non-immunocompromised patients: tacrolimus 0.03% ointment ages 2-15; 0.03% or 0.1% ages 16+. Pimecrolimus 1% cream ages 2+. Apply thinly twice daily. Discuss boxed warnings; avoid continuous long-term use and unnecessary UV exposure.

Crisaborole (Eucrisa)
Mild-moderate disease, age 3 months+. 2% ointment thinly twice daily; once controlled, consider once daily. Application-site burning/stinging or hypersensitivity may occur.

Roflumilast (Zoryve)
Mild-moderate disease: 0.05% cream ages 2-5; 0.15% cream ages 6+. Apply once daily. Do not substitute the psoriasis strength. Contraindicated with moderate-severe hepatic impairment; review interactions and adverse effects.

Tapinarof (Vtama)
Atopic dermatitis, age 2+. 1% cream thinly once daily. Counsel about folliculitis and contact dermatitis; stop and evaluate a new reaction.

Practical prescribing: common package examples include pimecrolimus 30/60/100 g, Eucrisa 60 g, and Zoryve or Vtama 60 g. Size alone does not determine the prescribed dose. After control, selected recurrent sites may benefit from clinician-directed intermittent maintenance (often 2-3 days/week with an appropriate agent). Severe or refractory disease needs specialist assessment for phototherapy or systemic treatment; avoid routine oral corticosteroid bursts.

Source labels and treatment guidance are linked on page 5. Off-label treatment requires a separate clinical decision and counseling; it is not implied by this form.

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Clinician reference | quantity, itch & sleep

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Ruxolitinib: important limits

Opzelura 1.5%: mild-moderate atopic dermatitis, age 2+, non-immunocompromised, when other topical prescriptions are inadequate or inadvisable. Apply twice daily to no more than 20% body surface area. Ages 2-11: maximum 60 g per 2 weeks; ages 12+: maximum 60 g/week or 100 g/2 weeks. No occlusive dressings. Stop when resolved; reassess if not improved by 8 weeks. Review JAK boxed warnings, infection risks and interactions. Combination with biologics, other JAK inhibitors or potent immunosuppressants is not recommended.

Fingertip units (FTU) and dispensing

One adult FTU is about 0.5 g: a strip from the adult index fingertip to the first crease, from a standard 5-mm nozzle. It covers roughly two adult handprints. Use the adult finger to measure, not the child's. Treat affected skin only; demonstrate the amount for each site.

Illustrative whole-region amounts, age 6-10 years: face/neck 2 FTU; one arm/hand 2.5 FTU; chest/abdomen 3.5 FTU; one leg/foot 4.5 FTU. These are not a full-body prescription and are not infant doses.

Quantity calculation: FTU per application x 0.5 g x applications/day x days. Example: 2 FTU twice daily for 14 days = 28 g; a 30-g tube is a reasonable starting estimate if the selected product permits. Recalculate for the actual sites and duration. A 15-g tube may suffice for a small area; extensive disease may need much larger quantities. Product limits override the calculation.

Itch and sleep: treat the skin first

Optimize inflammation control, moisturization, a comfortable bedroom and consistent bedtime. Short cool damp compresses can soothe localized itch; avoid ice or chilling. Antihistamines do not treat eczema inflammation. A brief sedating medicine may occasionally be considered by the clinician for severe sleep disruption, after age/weight, sedation, interactions and other risks are reviewed. Do not use a blanket infant/child sedative regimen or routine doxepin or melatonin recommendation. Persistent sleep loss is a reason to reassess disease control.

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General US cost examples - not a pharmacy quote

Checked 16 November 2026. Public price pages vary by strength, vehicle, tube size, pharmacy, ZIP code, insurance and coupon eligibility. Prices below are illustrative, not verified local offers or guaranteed out-of-pocket costs. Confirm with the patient's pharmacy; do not equate retail, coupon and copay prices.

Triamcinolone 0.1% cream, 30 g: about $13 average retail without insurance in the cited GoodRx cost article.
Tacrolimus 0.03% ointment, 30 g: the cited GoodRx listing displayed about $230 retail versus $43 with a coupon.
Eucrisa 2% ointment, 60 g: cited GoodRx pages displayed about $942 average retail versus $158 with a coupon. These are different price types, not an insurance estimate.
Other newer branded agents: obtain a product-specific quote and check coverage/prior authorization and eligible assistance rather than assume a class price.

Cost sources: triamcinolone | tacrolimus | Eucrisa retail | Eucrisa coupon. Prices are not clinical evidence.

Sources and implementation notes

AAP: treatment approach

AAP: corticosteroids and dispensing/FTU

Tacrolimus prescribing label

Pimecrolimus prescribing label

Eucrisa prescribing label

Zoryve prescribing label

Vtama prescribing label

Opzelura prescribing label

Supplied OpenEvidence material informed this resource. Brand preferences and cool-compress advice were requested by Dr. Burress; brand examples are not endorsements by the cited organizations. Pages 3-6 are for clinical reference, not patient-directed medication orders. Approved for publication by Dr. Burress.

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Clinician reference | allergy & sleep medicines

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NOT ROUTINE ECZEMA ORDERS. Cetirizine and loratadine treat coexisting allergy/urticaria symptoms, not the underlying eczema inflammation. Do not combine them routinely or use them as sleep aids. The clinician must choose whether an indication exists.

Cetirizine oral solution: verify 1 mg/mL

6-11 months: 2.5 mg (2.5 mL) once daily.
12-23 months: 2.5 mg (2.5 mL) once daily; if needed, clinician may increase to 2.5 mg every 12 hours (maximum 5 mg/day).
2-5 years: start 2.5 mg once daily; maximum 5 mg/day as 5 mg once daily or 2.5 mg every 12 hours.
6 years and older: usual 5-10 mg once daily; maximum 10 mg/day.
For infants, use is prescription-guided for labeled perennial allergic rhinitis/chronic urticaria, not an FDA-approved eczema indication. Check renal/hepatic function and other sedatives; drowsiness can occur.

Loratadine oral solution: verify 5 mg/5 mL

2 to under 6 years: 5 mg (5 mL) once daily; maximum 5 mg/day.
6 years and older: 10 mg (10 mL) once daily; maximum 10 mg/day.
Under 2 years: no routine dose on this plan. Confirm appropriateness with kidney/liver disease. Use an oral syringe or supplied dosing device, never a kitchen spoon.

Melatonin 3 mg: selected cases, not a blanket instruction

For severe persistent sleep-onset difficulty after skin treatment and sleep habits are optimized, Dr. Burress may consider an individualized short trial. A small atopic dermatitis trial studied 3 mg at bedtime for 4 weeks in ages 1-18; this does not establish a standard dose for every age or long-term safety. Pediatric insomnia use is not FDA-approved. Do not extrapolate to infants. Review interactions and daytime sedation, choose a quality-verified product, secure it from children, and set a reassessment/stop date.

Sources: cetirizine label; loratadine label; Chang et al. melatonin randomized trial (2016).