



**Abbreviations (laboratory & radiology excluded):**  
pt. = patient

**Infected Atopic Dermatitis**  
Presence of crusting, pustules, erosions, vesicles/ blisters?  
\* Avoid using oral steroids for all eczema flares

Consider [Impetigo \(\*Staph aureus\*\)](#) or [Group A Strep \(\*Strep pyogenes\*\)](#)

- Obtain [aerobic culture and/or viral culture from the affected site](#).
- If uncertain of infected HSV, obtain both cultures

Consider [Eczema Cocksackium](#)

Are several sites affected/diffuse involvement?

Is there a history or concern of HSV infection or exposure?

- Consider [Eczema Herpeticum](#)
- Start bland ointment (Vaseline), avoid creams
- Hold topical steroids
- Avoid using oral steroids for all eczema flares
- Consider: [Aerobic culture if suspicious for bacterial infection](#)
- [First generation oral antihistamines](#) for sleep/itch control
- Start oral acyclovir 80 mg/kg/day divided four times per day for 7 -10 days (maximum dose = 3200 mg/day)
- Consider: Consulting Derm On-call Provider if questions

- Start topical antibiotic (mupirocin)
- Restart topical steroid to uninfected areas
- Hold [topical calcineurin inhibitors \(TCI\)](#) and topical steroids in infected areas

- Consider topical and/or oral antibiotics
- Review previous aerobic cultures (sensitivities)
- If no previous culture, no history of MRSA:
  - First line [cephalexin](#)
  - Second line [clindamycin](#)
- If known history of MRSA
  - First line [clindamycin](#)
- Start [dilute bleach baths](#)
- Restart/continue topical steroids in non-infected area
- Hold [topical calcineurin inhibitors \(TCI\)](#) and topical steroids in **infected areas****

Unable to determine viral or bacterial infection:

- Consider oral antibiotic and/or oral antiviral treatment
- Start bland ointment (Vaseline), avoid creams
- [First generation oral antihistamines](#) for sleep/itch control
- Consider [dilute bleach baths](#)
- Topical steroids and [topical calcineurin inhibitors \(TCI\)](#) should be avoided in areas of concern for HSV infection

Are lesions near eye or are there eye symptoms?

Ophthalmology consultation ASAP

**Differential diagnosis of infected atopic dermatitis:**

- Warts
- Molluscum
- Scabies
- Tinea corporis/capitis
- Allergic contact dermatitis

Discharge Home, Close follow-up with CMH Dermatology or PCP  
Consider message center for expedited visit --  
"Dermatology Clinic on call"

Does patient have fever, lethargy, toxic appearance, signs of dehydration, or is child < 1 year of age and/or diffuse skin involvement?

Consider:

- Dermatology Consult
- Inpatient admission