

inflammation. Low-, moderate-, or high-potency topical corticosteroids are prescribed, depending on the degree of involvement, the area of the body to be treated, the child's age, the potential for local side effects (striae, skin atrophy, and pigment changes), and the type of vehicle to be used (e.g., cream, lotion, ointment). Patients receiving topical corticosteroid therapy for chronic conditions should be evaluated for risk factors for suboptimal linear growth and reduced bone density. Topical immunomodulators, a new nonsteroidal treatment for AD, are best used at the beginning of a “flare-up” just as the skin becomes red and itches. Two immunomodulator medications used in children with AD are tacrolimus and pimecrolimus ([Schneider, Tilles, Lio, et al, 2013](#)). Tacrolimus is available in two ointment strengths (0.03% and 0.1%); the 0.03% concentration has been approved for use in children 2 years old and older ([Schneider, Tilles, Lio, et al, 2013](#)). Pimecrolimus is available in a 1% cream that has no systemic accumulation or effects. This drug is approved for use in children with mild to moderate AD. Both drugs can be used freely on the face without worrying about steroid side effects.

If secondary skin infections occur in children with AD, these infections are managed with appropriate antibiotics. Topical and oral antibiotics are used; however, areas of active infection are first cultured to ensure appropriate therapy ([Wolter and Price, 2014](#)).

Nursing Care Management

Assessment of the child with AD includes a family history for evidence of atopy, a history of previous involvement, and any environmental or dietary factors associated with the present and previous exacerbations. The skin lesions are examined for type, distribution, and evidence of secondary infection. Parents are interviewed regarding the child's behavior, especially in relation to scratching, irritability, and sleeping patterns. Exploration of the family's feelings and methods of coping is also important.

The nursing care of the child with AD is challenging. Controlling the intense pruritus is imperative if the disorder is to be successfully managed because scratching leads to new lesions and may cause secondary infection. In addition to the medical regimen, other measures can be taken to prevent or minimize the scratching. Fingernails and toenails are cut short, kept clean, and filed