

Individualized Plan of Care for Child with Eczema

In Child Care

Name: _____ DOB: _____

Diagnosis: Eczema

Date of last physical _____

Last seen for exacerbation of Eczema on (date) _____ Next appt.: _____

Last appointment date with Allergist: _____ Next appt.: _____

Food Allergies: _____

Triggers for Eczema: _____

Treatment plan for eczema at home, please check all that apply:

___ Bleach baths 3 times a week

___ Aquaphor applied liberally to entire body morning and night (cover hands with socks or cotton gloves at bedtime)

___ Use cetaphil soap only (other soap) _____

___ Prescription cream (name of cream) _____ frequency _____

___ Medication for itching (name of medication) _____

topical _____ oral _____

other _____

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Treatment plan for eczema at child care, please check all that apply:

____ Aquaphor _____ vaseline. applied liberally to skin after AM snack and just before nap (apply socks or cotton gloves to hands at naptime; need parent or guardian to fill out topical medication form and supply socks or gloves and Aquaphor or Vaseline)

____ Use cetophyl soap only _____
(need parent or guardian to fill out topical medication form and supply soap)

____ prescription cream (name of cream) time of application _____
(if prescribed by MD need medication authorization form filled out and signed by MD)

____ Medication for itching(name of medication) _____
(if prescribed by MD need medication authorization form filled out and signed by MD, benadryl, Cortaid or any other OTC steroidal cream will need a doctor's authorization form filled out).

Please provide any other information that will assist us in the care of your child during the hours of child care:

Signature of MD _____ Date: _____

Parent or guardian signature: _____ Date: _____

Signature of Nurse Consultant: _____ Date: _____

SIGNATURES OF CHILD CARE TEACHERS CARING FOR THIS CHILD: