



Developing an eczema action plan

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Abstract As physicians, we spend time learning about diseases and their management. The key to successful outcomes is the involvement of patients and their families in the care of the conditions for which they seek our assistance. For atopic dermatitis (AD), all patients require frequent emollients for xerotic skin and care of the inflammation, which comes and goes frequently. The levels of care required vary by time and patient. Younger patients require the help of parents or other family members. A keen understanding of the timing and appropriate use of the various treatment modalities is required and is often confusing. Action plans, as used in the care of asthma, for instance, can be effectively integrated into the overall care instructions for AD and have been indispensable for many of my patients and their families. They are one concrete method for patient/family engagement in the overall care planning. The action plans can certainly be translated into languages appropriate for any practice environment. The following brief summary should be of use to those professionals considering the use of this technique.

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Introduction

Our patients desire the best in care from us. To that end, communication and patient/family engagement are key. Investigators have shown that, in the case of asthma, symptom-based treatment guidelines show a positive impact on outcomes.¹ These guidelines led to a 27% decrease in visits for acute flares of disease. For children and adolescents, school absenteeism was reduced as well. The ultimate success of such plans of care would suggest the need for an understanding of patient/family needs, abilities, and willingness to participate. Shared decision making is vital to the success of any proposed care path.² An explanation of the various

clinical “stages” of disease is important when creating such management tools. This represents an opportunity for engaging patients and families in their overall health care and health literacy.³ This is a principle of patient- and family-centered care as well. Such care should be the ideal for us, whether working in ambulatory or inpatient sites. Partnership and collaboration are key principles.⁴ As dermatologists, we are aware of the impact of skin disorders on our patients and families. Atopic dermatitis (AD) is known to impact the entire family, particularly with more severely affected individuals. AD represents a chronic disease model, not unlike many systemic diseases. Effective control of AD requires a thoughtful interaction with the patient and family members or other caretakers. The “prize” is better control of the disorder and a more useful physician/patient relationship. The setup of an action plan for the care of AD is useful in most cases. An example of our action plan is included in Table 1.⁵ Readers may adapt their own version for their use. For children, for instance,

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Table 1 Suggested content for atopic dermatitis/eczema action plan

Maintenance care:
- Warm bath _____ times daily for _____ minutes.
- Apply moisturizer _____ after bath and _____ times daily.
Mild/moderate flare:
- Continue maintenance care.
- Apply _____ to body/extremities _____ times daily for _____ days.
- Apply _____ to face, groin, underarms _____ times daily for _____ days.
- Take _____ tsp/mL/tabs of _____ in morning for itch.
- Take _____ tsp/mL/tabs of _____ at bedtime for itch.
Severe Flare:
- Continue maintenance care and care for moderate flare.
- Apply medications and cover with warm, moist towel or pajama for 10-15 minutes; remove towel/pajama and apply moisturizer.
Follow up in: _____ days/weeks/months
Please call our office or your pediatrician with any concerns.

cartoons can be used to provide guidance regarding symptoms, beyond the written instructions to guide the timing of various interventions for the severity of inflammation/symptoms.

Action plans

Many physicians and others engaged in patient care are concerned about the time required to provide adequate instructions for the treatment of many conditions, such as AD, but it is becoming more appreciated that the time spent in instruction improves outcomes for most conditions.⁶ For AD, direct illustration of the quantity of topicals to be applied and the location of such applications may be needed. In addition, instruction on the timing and indication for such treatments is often required. The use of action plans is known to aid such patient instruction.⁷ These plans can be tailored to each encounter. When constructing these tools, one should consider, at each step, the specific clinical finding to be addressed and the appropriate intervention. The latter should be done with open discussion with the patient and/or family to ensure the best adherence and thus outcome. Mobile applications have been employed by some providers.⁸

There have been a few attempts to clarify the utility of action plans versus education alone and general medical follow-up. One study in both adults and children with asthma was able to conclude that action plans were more effective in controlling clinical findings of asthma than education and routine follow-up. Of interest, the same study found that the action plans were more useful in pediatric cases.¹ A small randomized study has shown the utility of eczema action plans over standard eczema care instruction.⁹ Engaging the patients,

families, and caretakers in the formulation of such action plans, as is standard in patient- or family-centered care, should be the basis for improved outcomes in clinical care as was noted earlier. The plans should include best practices where available.¹⁰

In developing action plans, we must consider, as noted, the specifics of each intervention—for example, whether emollients or prescribed medications, whether topical or oral. Such instruction may be provided by the physician or advanced care provider although patient education is known to often be more effective when provided by nurses.¹¹ Such instruction must be tailored to the cultural differences of many patients or families and delivered in short, clear, and concise language. If we consider the goal of patient care to be the benefit to our patients, such effort will be seen to be of great use. As Francis Peabody stated years ago, our interactions with patients and families are “but for the care of the patient.”¹²

Conclusions

Time with the patient and caretaker to explain the steps of the action plan is essential. Patients should be encouraged to use the plan daily and to call with any concerns or questions. Additional visual aids in the action plan, such as color or other images, might be helpful with pediatric patients, for instance, or to illustrate levels of severity of disease. Lastly, additional controlled studies using action care plans are needed to quantify any improvement in outcomes when using such care aids for eczema/atopic dermatitis.

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