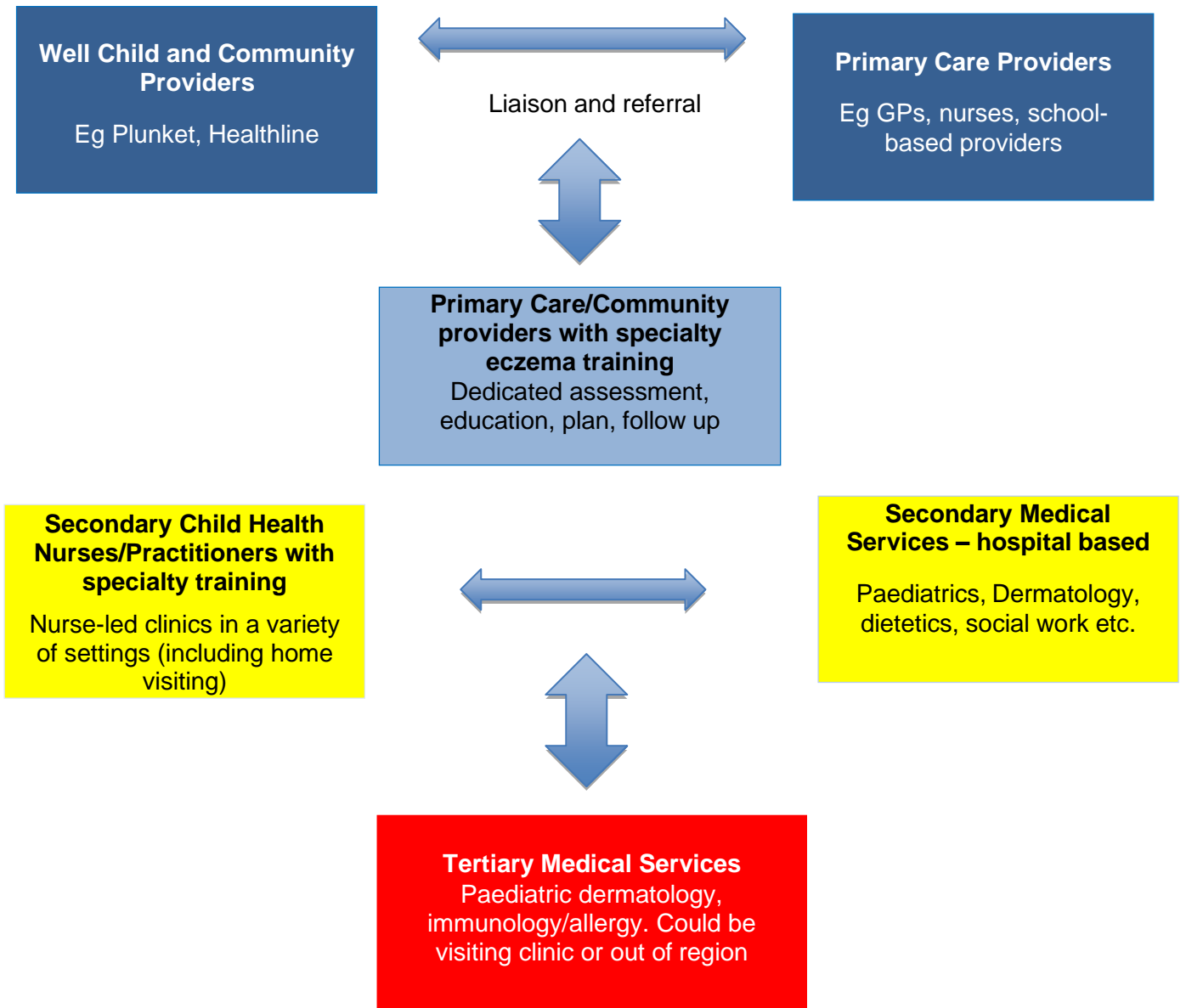




The Paediatric Society of New Zealand Te Kāhui Mātai Arotamariki o Aotearoa

Model of Care for Childhood Eczema



Escalate if not responding to treatment. De-escalate if responding to treatment options

Referral pathway will depend upon health needs, service access and regional health workforce



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Paediatric Eczema Clinical Network, *Te Rōpū Kiripai Hapori* Glossary of Terms

Term	Definition
Dedicated assessment	Comprehensive health and social assessment
De-escalate	Refer back to primary care
Education	Information, explanation and demonstration with appropriate resources
Escalate	Refer to more specialized providers (eg secondary/tertiary)
Not responding to treatment	<ol style="list-style-type: none">1) Significant itch impacting sleep and activities eg missing school, not playing sport2) Frequent skin infection eg requiring more than 3 courses of antibiotics in 6 months3) Psychosocial impact eg bullying4) Persistent facial eczema not responding to mild/moderately potent steroids5) Whanau requesting or would benefit from more specialized input
Follow-up	Arranged review until well managed and family feel competent
Liaison	Communication & cooperation
Plan	Agreed points of management and care to be undertaken which will include when indicated; follow up, liaison and referral
Referral	Request for transfer and/or review of management/care
Referral pathway	Process of referral to health provider or service