

Breaking the itch-scratch cycle

Nurse-led management of childhood eczema

Clinical Issue

Atopic eczema is a chronic, inflammatory skin condition, characterized by intense itching, redness and scaling (Peate, 2011). Symptoms usually appear in infancy, followed by remissions and exacerbations throughout childhood. Children become trapped in an 'itch-scratch' cycle, resulting in irritated and inflamed skin. Repetitive scratching causes the skin to thicken, split and bleed which increases the risk of infection (White, 2011). Eczema severity is significantly correlated with quality of life of the child and family, and can harm a child's social and emotional development (Peate, 2011).



Treatment and Management

Treatment is focused largely around restoring skin barrier function of the dry skin typical of eczema, and by suppressing skin inflammation with topical therapies (Brown & Reynolds, 2006). Atopic eczema management is challenging and a multi-faceted approach in the primary health care setting is required to control symptoms (Peate, 2011).



Clinical Relevance

International research shows that prevalence of atopic eczema in New Zealand is among the highest in the world (Williams et al., 1999).

A large number of these children have severe symptoms (crusting, weeping and bleeding) (White, 2011).

Evidence suggests that **every nurse who works in primary health care is likely, at some point, to care for children with atopic eczema** (Royal College of Nursing, 2008).

Clinical Question

What are the benefits of *nurse-led* interventions for managing childhood eczema?



Review of Evidence

Benefits of nurse-led management:

- Reduction in severity of eczema symptoms (Schuttelaar, Vermeulen, Drukker & Coenraads, 2010).
- Longer consultations and increased parental satisfaction (Peate, 2011)
- Improved child/parent education (Riley & Crawford, 2010).
- Alleviation of parental and child distress associated with eczema (Lawton, 1996).

Improvement from moderate to mild eczema, and adherence to treatment, has been shown to be significantly greater in nurse-led clinics compared to the dermatologist-led care (Schuttelaar et al., 2010).

Nurse-led clinics within PHC are also beneficial for General Practitioners (reduced workload) and for the overall practice (cost-effective) (Riley & Crawford, 2010).

Recommendations – for nurses and PHO's

- That *education* remains a high priority in eczema care provided by nurses and that professional development sessions reflect this need.
- That nurses allow adequate *time* during consultations for explanation, discussion and demonstration; key factors that promote long term control of eczema.
- That opportunities to *introduce nurse-led clinics* for eczema management be explored by Primary Health Organisations.

References

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	PICOT Criteria	Rationale
Population	Children aged between 1-12 years, with a clinical diagnosis of atopic eczema.	Atopic eczema is most common in children
Intervention	Nurse-led interventions/care in the primary health setting (e.g clinics and educational programmes)	I will examine literature that studied the effects of nurse-led interventions in managing atopic eczema in children. Eczema is complex condition to manage and nurses in particular have a strong role in health-education for such chronic conditions in this setting.
Comparison	Compared to other interventions (such as dermatologist or GP care) or no intervention.	I am interested in the tangible/measurable benefits that nurse-led interventions in this field provides children and families, compared to other healthcare professional care.
Outcome	To determine the benefits of nurse-led interventions	I aim to determine the benefits of nurse-led interventions in the management of atopic childhood eczema, and why these are deemed effective.
Time	N/A	

(Whitehead, 2013)

Poster Rationale

Literature asserts that there are several benefits to poster presentations (Berg, 2005). Posters force one to carefully select information to maintain brevity, which encourages emphasis on the most significant content (Halligan, 2008). Imagery can be substituted for words which acts as a powerful tool in knowledge transfer. Additionally, posters have the dual benefit of either standing alone, or can be combined with other formats, such as a brief oral presentation next to the poster, to enhance knowledge dissemination and highlight vital content (Berg, 2005). An effective poster portrays continuous and constant messages, thus enhancing reliability by reducing variability. Furthermore, posters can be viewed by several people simultaneously. This is both time and space efficient, and also provides excellent networking opportunities (Schneider, Whitehead, LoBiondo-Wood & Harber, 2013).

Such advantages of a poster presentation have been considered in my clinical poster. I have selected relevant information and used effective imagery to accompany text in order to portray the clinical issue. These measures are aimed at identifying the benefits of nurse-led management of childhood eczema. It is intended that through this poster presentation there will be the opportunity to engage nursing colleagues in discussions surrounding eczema management and inform others of the evidence-based literature regarding this topic.

References:

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