Eczema

- Eczema is a dry, itchy, inflammatory, chronic skin disease affecting around 30% of children.
- It can worsen and cause intractable pruritus, soreness, infection and sleep disturbance.
- The severity tends to vary over time.
- The onset of eczema is usually before 12 months and it follows a remitting and relapsing course.
- There is no cure for eczema, but it can be treated and managed well.
- Most children will “grow out” of eczema.

The service will:

- Provide eczema management, advice and education to children and their families/caregivers.
- Provide direct access to the service from community referrers.
- Provide children/families affected by eczema with improved access and choice of provider.

The Children’s Eczema Service is a community based nurse led child health service providing clinics and education within the MidCentral District Health Board.

The Eczema service will include:

- Assessment.
- Education.
- Management.
- Action Plan.
- Follow up phone support.
- Follow up consultation.
- Discharge back to GP.

All Clinics will be provided by Community Child Health Clinical Nurse Specialists with Paediatrician clinical oversight.

Referrals

Referrals will be accepted from any health professional for children over 12 months and up to 15 years affected by eczema.

Referrals will be prioritised according to clinical need.

Please refer on the form over page.

Clinic Hours

Horowhenua Children’s Eczema Service
Wednesday 9am – 2pm
Phone: (06) 366 0888
Horowhenua Health Centre, Levin

Palmerston North Children’s Eczema Service
Wednesday 9am – 2pm
Phone: (06) 350 4548
Health on Main, Palmerston North
REFERRAL FORM
CHILDREN’S ECZEMA SERVICE

REFERRAL CRITERIA
(This is to be completed by a primary or secondary health provider)

(Please tick)
☐ 1-15 years old
☐ Eczema not responding to usual management
☐ Child/family requires further education and support
☐ Lives within the MidCentral District.

Send the completed form to the:
Childrens Eczema Service
Fax: (06) 350 4542
Phone: (06) 350 4548
Post: Health Care Development
PO Box 2056, Palmerston North, 4440

If the child does not meet the criteria above consider referral to the Paediatricians at the MCH Children’s Clinic.

Ethnicity ________________________________
Family agreed to referral? YES / NO
Caregiver’s Name ____________________________________________
Contact Phone Numbers
Name: ___________________ Ph: ________________
Name: ___________________ Ph: ________________
GP/Health provider (if different to referrer):
________________________________________________
Weight: _______________ Height: _______________
How long has eczema been a concern for this family? ____________________________

Please indicate skin areas affected:
______________________________________________
______________________________________________
______________________________________________

Treatment/creams currently being used
________________________________________________
________________________________________________
________________________________________________

Any other health/social concerns?
________________________________________________
________________________________________________
________________________________________________
________________________________________________

Referrer details
Name/stamp: ____________________________________________
Designation: ____________________________________________
Organisation: ____________________________________________
Address: ______________________________________________
Signature: ____________________________________________

OFFICE USE ONLY
Date received: ____________________________

PATIENT ID LABEL
Name: ____________________________________________
Address: ____________________________________________
NHI _______________ DOB _______________ Sex _______________
Consultant ____________________________________________ Ward _______________