

lice) not licensed for use in children under 6 months except under medical supervision.

#### IMPORTANT SAFETY INFORMATION

MHRA/CHM ADVICE: HEAD LICE ERADICATION PRODUCTS: RISK OF SERIOUS BURNS IF TREATED HAIR IS EXPOSED TO OPEN FLAMES OR OTHER SOURCES OF IGNITION (MARCH 2018)  
See Skin infections p. 772.

- **CAUTIONS** Avoid contact with eyes · children aged 2 months–2 years, medical supervision required for dermal cream (scabies) · children under 6 months, medical supervision required for cream rinse (head lice) · do not use on broken or secondarily infected skin
- **SIDE-EFFECTS** Scalp irritation · skin reactions
- **PRESCRIBING AND DISPENSING INFORMATION**  
Manufacturer recommends application to the body but to exclude head and neck. However, application should be extended to the scalp, neck, face, and ears.  
Larger patients may require up to two 30-g packs for adequate treatment.
- **LESS SUITABLE FOR PRESCRIBING** Lyclear® Creme Rinse is less suitable for prescribing.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

#### Cream

CAUTIONARY AND ADVISORY LABELS 10 (Dermal cream only)  
EXCIPIENTS: May contain Butylated hydroxytoluene, woolfat and related substances (including lanolin)

- ▶ **Permethrin (Non-proprietary)**

Permethrin 50 mg per 1 gram Permethrin 5% cream | 30 gram [P]  
£7.46 DT = £7.46

- ▶ **Lyclear (Omega Pharma Ltd)**

Permethrin 50 mg per 1 gram Lyclear 5% dermal cream | 30 gram [P] £5.71 DT = £7.46

#### Liquid

EXCIPIENTS: May contain Cetostearyl alcohol (including cetyl and stearyl alcohol)

- ▶ **Lyclear (Omega Pharma Ltd)**

Permethrin 10 mg per 1 gram Lyclear 1% creme rinse | 59 ml [P]  
£4.20 DT = £4.20 | 118 ml [P] £7.11 DT = £7.11

## 2.4 Viral skin infections

### ANTIVIRALS > NUCLEOSIDE ANALOGUES

#### Aciclovir (Acyclovir)

10-Mar-2020

- **INDICATIONS AND DOSE**

#### Herpes simplex infection (local treatment)

- ▶ **TO THE SKIN**

- ▶ **Child:** Apply 5 times a day for 5–10 days, to be applied to lesions approximately every 4 hours, starting at first sign of attack

- **UNLICENSED USE** Cream licensed for use in children (age range not specified by manufacturer).
- **CAUTIONS** Avoid cream coming in to contact with eyes and mucous membranes
- **INTERACTIONS** → Appendix 1: aciclovir
- **SIDE-EFFECTS**
- ▶ **Uncommon** Skin reactions
- **PREGNANCY** Limited absorption from topical aciclovir preparations.
- **PATIENT AND CARER ADVICE**  
Medicines for Children leaflet: Aciclovir cream for herpes  
[www.medicinesforchildren.org.uk/aciclovir-cream-herpes-0](http://www.medicinesforchildren.org.uk/aciclovir-cream-herpes-0)

- **PROFESSION SPECIFIC INFORMATION**

#### Dental practitioners' formulary

Aciclovir Cream may be prescribed.

- **EXCEPTIONS TO LEGAL CATEGORY** A 2-g tube and a pump pack are on sale to the public for the treatment of cold sores.

- **MEDICINAL FORMS** There can be variation in the licensing of different medicines containing the same drug.

#### Cream

EXCIPIENTS: May contain Cetostearyl alcohol (including cetyl and stearyl alcohol), propylene glycol

- ▶ **Aciclovir (Non-proprietary)**

Aciclovir 50 mg per 1 gram Aciclovir 5% cream | 2 gram [PoM]  
£1.26 DT = £1.26 | 10 gram [PoM] £6.38 DT = £6.31

- ▶ **Zovirax (GlaxoSmithKline Consumer Healthcare, GlaxoSmithKline UK Ltd)**

Aciclovir 50 mg per 1 gram Zovirax 5% cream | 2 gram [PoM] £4.63  
DT = £1.26 | 10 gram [PoM] £13.96 DT = £6.31

## 3 Inflammatory skin conditions

### 3.1 Eczema and psoriasis

#### Eczema

##### Types and management

The main types of eczema (dermatitis) in children are atopic, irritant and allergic contact; different types may co-exist.

*Atopic eczema* is the most common type and it usually involves dry skin as well as infection and lichenification caused by scratching and rubbing. *Seborrhoeic dermatitis* is also common in infants.

Management of eczema involves the removal or treatment of contributory factors; known or suspected irritants and contact allergens should be avoided. Rarely, ingredients in topical medicinal products may sensitise the skin; *BNF for Children* lists active ingredients together with excipients that have been associated with skin sensitisation.

Skin dryness and the consequent irritant eczema requires **emollients** applied regularly (at least twice daily) and liberally to the affected area; this can be supplemented with bath or shower emollients. The use of emollients should continue even if the eczema improves or if other treatment is being used.

**Topical corticosteroids** are also required in the management of eczema; the potency of the corticosteroid should be appropriate to the severity and site of the condition, and the age of the child. Mild corticosteroids are generally used on the face and on flexures; the more potent corticosteroids are generally required for use on lichenified areas of eczema or for severe eczema on the scalp, limbs, and trunk. Treatment should be reviewed regularly, especially if a potent corticosteroid is required. In children with frequent flares (2–3 per month), a topical corticosteroid can be applied on 2 consecutive days each week to prevent further flares.

Bandages (including those containing ichthammol with zinc oxide p. 795) are sometimes applied over topical corticosteroids or emollients to treat eczema of the limbs. Dry-wrap dressings can be used to provide a physical barrier to help prevent scratching and improve retention of emollients. Wet elasticated viscose stockinette is used for 'wet-wrap' bandaging over topical corticosteroids or emollients to cool the skin and relieve itching, but there is an increased risk of infection and excessive absorption of the corticosteroid; 'wet-wrap' bandaging should be used under specialist supervision.