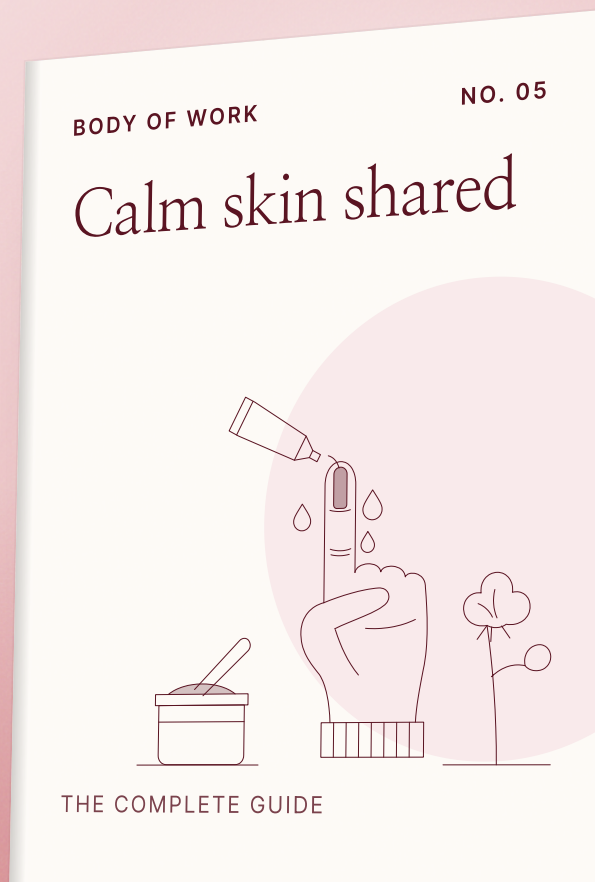




HOW-TO GUIDE • BODY

Calm family skin without the scrub

For parents, partners and adults caring for eczema prone skin across ages. After reading you will be able to run a shared bath and balm routine with safe steroid and bleach bath steps.



Soak and seal

Short lukewarm baths plus balm on damp skin suit the whole house.



Thin steroid layers

Small measured amounts calm flares when used in short bursts.



Soft clothing rules

Cotton, fragrance free laundry and simple diaries lower triggers.

By Diana Maddox · Updated Jul 30, 2026 · 12 min read

CONTENTS

01	The bath and balm routine that all ages can share	05	Steroid basics without fear
02	Choose and use emollients well	06	Bleach baths, patch tests and night itch
03	Oatmeal and ceramide formulas explained	07	The checklist
04	Clothes, triggers and diaries	08	Sources and further reading

Most families scrub too hard, bathe too hot and moisturize too little, then wonder why patches stay red and itchy through the night. Calmer skin usually comes from the opposite pattern, with short lukewarm soaks, generous fragrance free balm and steady trigger habits shared by babies, children and adults alike.

01

The bath and balm routine that all ages can share

Start with water that feels lukewarm on the inside of the wrist, not hot on the hand. Temple Health advises one short 5 to 10 minute shower per day with lukewarm water for eczema, in the words of Avrum Gillespie, MD: “Take one short (5- to 10-minute) shower per day, with lukewarm water”. A 2017 comparison of Joint Task Force and American Academy of Dermatology guidelines recommends bathing with warm water followed by moisturizers and notes an appropriate bathing duration of at least 10 minutes. Nationwide Childrens gives a wider working range when bleach is added, with soaks of about 10 to 15 minutes.

Hold that range of 5 to 15 minutes as the shared house rule. Short soaks hydrate without stripping, while long hot baths dry the barrier and raise itch. Much of this advice rests on expert consensus rather than objective measures, and guidelines differ on ideal frequency and duration, so treat the routine as a starting point to adjust with a clinician.

Use a mild fragrance free cleanser only where needed, such as hands, feet, nappy area and skin folds. Let plain water do most of the work on sore or baby skin. Rinse fully, then pat dry with a soft towel and leave skin slightly damp.

Seal damp skin within a few minutes. NHS guidance says emollients can be applied as often as liked, ideally at least 3 or 4 times a day, and best after washing, bathing or showering on patted dry skin. That step matters more than any single product. They cover the skin with a protective film to trap in moisture, in the words of the NHS emollients guidance: Cover the skin with a protective film to trap in moisture.

For a household, keep one method and repeat it. Same water temperature, same short timer, same balm within reach of the bath. Babies can share the method with shorter handling and extra gentleness, while teenagers and adults can add shaving or shampoo steps outside the

soak so bath time stays short.

Follow it with wet hands

1. Run lukewarm water and set a timer for 5 to 10 minutes, up to 15 only if a clinician has advised a medicated soak.
 2. Cleanse sparingly, rinse well and avoid scrubbing pads or hot rinses.
 3. Pat dry, leave skin damp and smooth balm at once from face outward, or body inward for babies.
 4. Dress in soft dry cotton and reapply balm to hands and dry patches before bed.
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02

Choose and use emollients well

Emollients help prevent patches of inflammation and flare ups by holding water in the upper skin. Many proprietary emollients show some benefit but there is generally no evidence that one moisturizer is superior to another, so comfort, cost and regular use count most. Pick a fragrance free and dye free formula the whole family will actually use.

Match texture to skin state. Lotions spread easily but moisturize lightly. Creams suit daily face and body care. NHS guidance says ointments are good for very dry thickened skin and night time use because they are greasy and very moisturizing and usually free of preservatives. Petrolatum based ointments work well for lips, hands, feet and nappy edges, while lighter creams work better for daytime and school.

Colloidal oatmeal and ceramide formulas fit inside this choice, not apart from it. Oat adds a skin protectant claim for minor irritation and itching. Ceramide formulas aim to support the barrier with lipids that dry skin may lack. Evidence suggests both types may help dryness and comfort, yet trials show general benefit without a clear winner among bases or brands.

How you apply matters as much as what you buy. NHS guidance says to smooth emollients, not rub, in the direction of hair growth, and to use a clean spoon or spatula from pots to reduce infection risk. Warm a small scoop between palms, then layer in long strokes. Use generous amounts, with extra on elbows, knees, ankles, wrists and cheeks.

Avoid leave on aqueous cream. NHS guidance says aqueous cream is no longer recommended as a leave on emollient because sodium lauryl sulphate can cause burning, stinging, itching and redness. Read labels for fragrance, including products labeled unscented. Temple Health notes that products labeled unscented can still have chemical fragrance and advises fragrance free choices plus mineral sunscreen that is fragrance free and at least 30 SPF.

BASE	BEST USE IN THIS ROUTINE	WATCH POINT
Lotion	Daytime, hairy areas, quick school layers	Needs more frequent reapplication
Cream	Daily body and face, after bath sealing	Choose fragrance free and dye free
Ointment	Very dry patches, night time, hands and feet	Greasy on sheets and clothes

FROM THE EDITORS

Amount beats brand for most families. A plain fragrance free cream used four times daily will usually serve better than a costly jar used twice a week. Keep a small tube at the sink, a pump by the bath and an ointment by the bed.

03

Oatmeal and ceramide formulas explained

Colloidal oatmeal joined the US over the counter skin protectant monograph in 2003 with allowed claims to temporarily protect skin and relieve minor irritation and itching. It is finely ground oat that disperses in water and cream, and it supports comfort rather than treating eczema itself.

Most colloidal oatmeal creams and lotions list 1 percent, with some reaching 2 percent, while bath packets are often 100 percent colloidal oatmeal diluted in a full tub. Randomized trials have tested 1 percent colloidal oatmeal creams in children and adults, including one double blind trial. Oat baths are widely used but oat creams have stronger trial support than oat baths, which leaves the bath as a comfort measure with weaker evidence.

To run an oat bath, sprinkle one plain packet into lukewarm water and stir until milky. Soak for the usual short time, then rinse lightly, pat dry and seal with emollient. Skip bubble bath, fragranced oils and salt or natural additives still under study. Keep the head above water for babies and avoid eye contact.

Some children with eczema become sensitized to oat, so patch awareness helps. How often colloidal oatmeal sensitization occurs and who should avoid oat products remains unclear. If a child has known oat allergy, severe cracked skin that stings with oats, or itching that worsens after oat baths, pause oats and ask a pediatrician or dermatologist before repeating.

Ceramide formulas need simpler handling. Use them as the daily cream if the texture suits, then layer ointment on top at night for very dry zones. Allow time between other treatments. NHS guidance says to wait 20 to 30 minutes between using an emollient and a steroid cream or

other skin treatment and to ask a doctor which to use first.

04

Clothes, triggers and diaries

Soft clothing lowers friction through day and night. Temple Health recommends loose fitting 100 percent cotton clothes, washing new clothes before wearing, and fragrance free dye free laundry detergent. Turn seams outward where they scratch, cut out rough labels and keep nails short and smooth for night scratchers.

Laundry habits help more than softener scent. Wash new garments before first wear, choose fragrance free dye free detergent and rinse well. Avoid fragranced dryer sheets on sheets and sleepwear. For sun days, use mineral sunscreen that is fragrance free and at least 30 SPF, and rinse sweat after play because sweat can sting.

Babies carry their own triggers around the mouth and nappy. Saliva, milk, wipes and drool can redden cheeks and chins. Pat saliva gently, apply a thin ointment barrier before meals and sleep, and change wet nappies promptly with plain water cleansing when possible. Nickel on poppers, zips and jewellery can bother some children, so note any pattern around waistbands or necklaces.

Keep a simple diary for two to three weeks when flares repeat. Record bath length, emollient used, new foods or soaps, illness, sleep, weather and clothing. Note sweat, dry air, dust, pet contact and stress around exams or travel. Patterns often emerge faster on paper than in memory, although diaries show links rather than proof.

Share the load across the house. One detergent, one bath method and one balm station reduce mistakes when grandparents, sitters or partners help. Store pump bottles at child height for teenagers, with a spoon or spatula tied to jars so fingers stay out of pots.

FROM THE EDITORS

Fragrance hides in plain sight. Shampoo, bubble bath, wipes, surface sprays and laundry beads can all carry it. When skin stays restless, simplify to fragrance free wash, balm and detergent for two weeks and log any shift before adding products back one at a time.

05

Steroid basics without fear

Topical steroids calm red inflamed flares by lowering inflammation and itch so the barrier can recover. They work best as short planned bursts on affected areas, paired with daily emollients everywhere else. They do not replace moisturizers, and moisturizers do not replace them during a flare.

Amount stays small and measured. Eczema Society guidance says topical steroids should be applied in a thin layer so skin glistens, with one fingertip unit enough to cover an area the size of one adult hand. A fingertip unit is the ribbon of cream from the tip to the first crease of an adult index finger. Eczema Society guidance says research shows topical steroids only need once daily application and twice daily gives no extra benefit.

Timing needs a pause between layers. NHS guidance says to wait 20 to 30 minutes between using an emollient and a steroid cream or other skin treatment and to ask a doctor which to use first. Many clinicians suggest steroid first on flared patches, then emollient over the rest of the body, yet local advice varies, so confirm the order at the visit.

Courses stay short, then step down. Eczema Society guidance says topical steroids are usually used for 7 to 14 days, sometimes 5 to 7 days, with step down and a steroid break of at least 2 weeks. The American Academy of Pediatrics says to apply topical corticosteroid twice daily to affected areas until improvement, usually a few days to 2 to 3 weeks, with low potency hydrocortisone 1 or 2.5 percent for infants or face. Differences reflect age, site and strength, which is why potency and duration need direct guidance.

Ask clear questions and write down the answers. What strength suits this site and age. How many days to use, then how to taper or stop. How to handle the face, eyelids, hands and nappy area. When to return if redness spreads, weeps, crusts or fails to ease. When systemic therapy, referral or alternative anti inflammatory care is needed for persistent or infected eczema remains a decision for the clinician, so seek review rather than repeating bursts alone.

06

Bleach baths, patch tests and night itch

Bleach baths can help some households as added care for moderate to severe disease, only with clinician guidance. In the words of Mayo Clinic Staff: "A bath with a small amount of bleach added to the water may help ease symptoms of chronic eczema." They are suggested against for mild disease in 2023 AAAAI ACAAI guidance, and they are not needed for every child or adult.

Recipes vary slightly, so follow the clinician sheet. The American Academy of Allergy Asthma and Immunology bleach recipe adds one quarter to one half cup of common 5 percent household bleach to a 40 gallon bathtub, with soak of about 10 minutes no more than twice a week. When *Staphylococcus aureus* colonization needs controlling, the American Academy of Pediatrics lists twice weekly 5 to 10 minute baths with standard household bleach added at one half cup in a full 40 gallon tub or one eighth cup in a quarter full tub. Mayo Clinic advises soaking in a bleach bath from the neck down or just affected areas for 5 to 10 minutes, then rinsing, patting dry and applying moisturizer while skin is damp.

Keep safety steps steady. Use plain household bleach without fragrance or additives, measured with a cup kept for laundry only. Never apply bleach directly to skin, never submerge the head and avoid the eyes. Rinse after the soak, pat dry and seal with emollient. Stop and call the practice if stinging, dryness or redness worsens.

Patch test new leave on products before full use. Dab a small amount on one unaffected patch, such as the inner forearm, once daily for three to five days unless the label says otherwise. Watch for burning, spreading redness or small bumps. For babies, test on a small area of the leg and keep the product away from eyes and mouth.

Night itch needs its own plan. Keep the room cool, dress in cotton and keep ointment and a water cup by the bed. Trim nails, offer a cool damp cloth for short relief and reapply balm to hands and flexures before sleep. Some families use wet wraps on clinician advice for stubborn patches, with a damp cotton layer under a dry layer for a set time, then emollient again. Ask a pediatrician or dermatologist when flares keep returning, sleep keeps breaking, skin weeps or crusts, or steroids and bleach baths have not been mapped to age, site and severity.

Atopic dermatitis is the most common skin disease in children, affecting up to 20 percent worldwide. Steady care will not remove every flare, yet a shared soak and seal habit, careful emollient use and prompt clinical questions give the whole house calmer nights and clearer days.

07

The checklist

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- ☐ Set baths to lukewarm and 5 to 10 minutes with a timer
 - ☐ Cleanse lightly, rinse well, pat dry and leave skin damp
 - ☐ Seal damp skin with fragrance free cream or ointment
 - ☐ Reapply emollient at least 3 or 4 times daily
 - ☐ Smooth, do not rub, and use a clean spoon from jars
 - ☐ Stop leave on aqueous cream and check for hidden fragrance
 - ☐ Wash new cotton clothes and switch to fragrance free detergent
 - ☐ Run oat baths plain and pause oats if stinging rises
 - ☐ Measure steroids by fingertip units in thin glistening layers
 - ☐ Leave 20 to 30 minutes between steroid and emollient
 - ☐ Use bleach baths only as directed, 5 to 10 minutes with rinse
 - ☐ Patch test new products and keep a short trigger diary
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08

Sources and further reading

- Bathing in Atopic Dermatitis in Pediatric Age: Why, How and When · [pmc.ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov/)
- Emollient treatment of atopic dermatitis: latest evidence and clinical considerations · [pmc.ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov/)
- Optimal bathing frequency & duration in atopic dermatitis · aaaai.org
- Emollients · nhs.uk
- Bleach bath recipe for skin conditions · aaaai.org
- Treatment of Atopic Dermatitis · aap.org
- Eczema bleach bath: Can it improve my symptoms? · mayoclinic.org

For information only, not medical advice. Hair loss, a scalp that will not settle, eczema flares and anything on a baby's skin belong with a dermatologist or a pediatrician.



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Diana produces the interviews at Body of Work: the research, the question lists, the follow-ups. She asks every founder to describe their own bathroom shelf, and the answer is usually the best part of the story.
