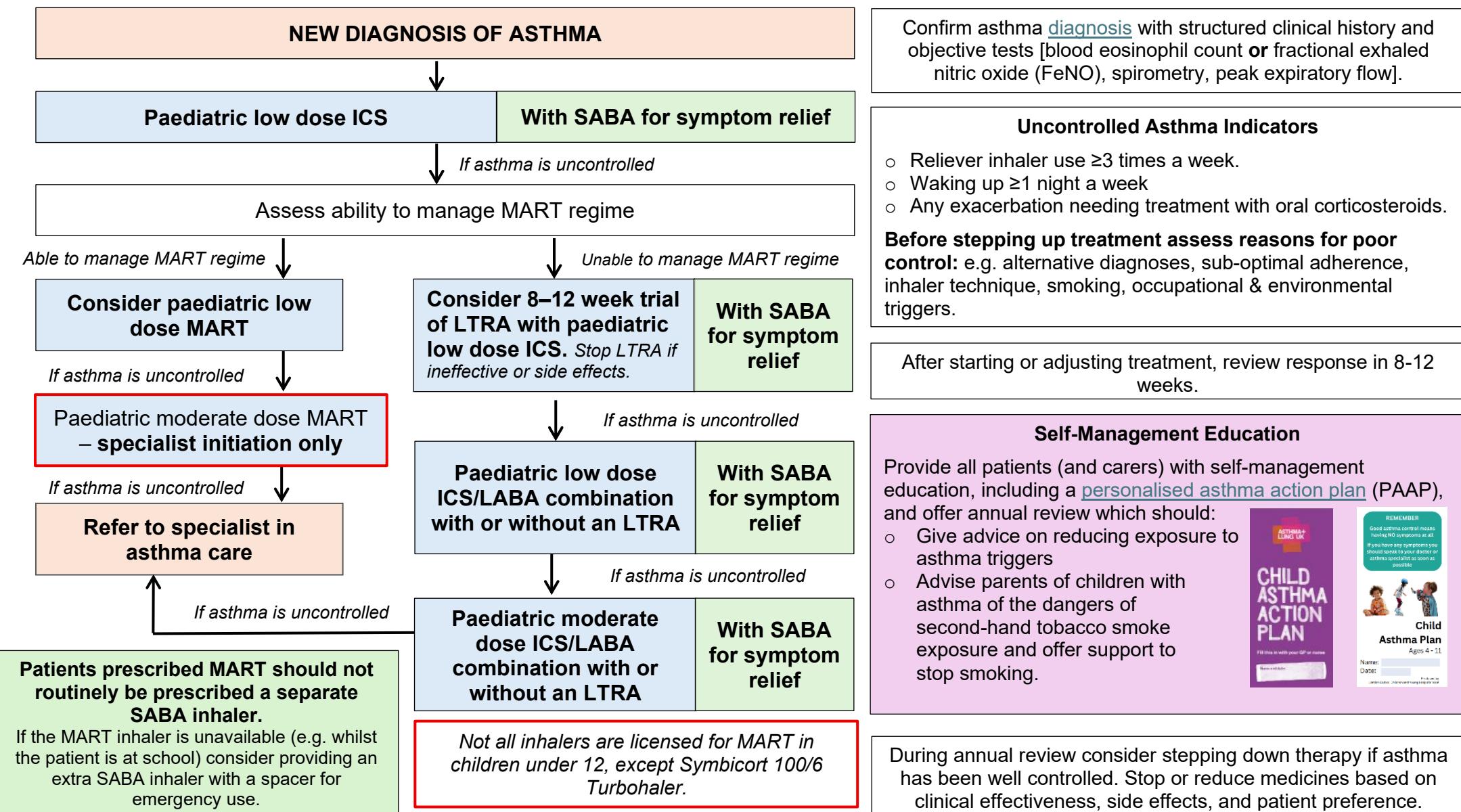


Asthma Management in Children Aged 5 to 11



ICS, inhaled corticosteroid

LAMA, long-acting muscarinic receptor antagonist

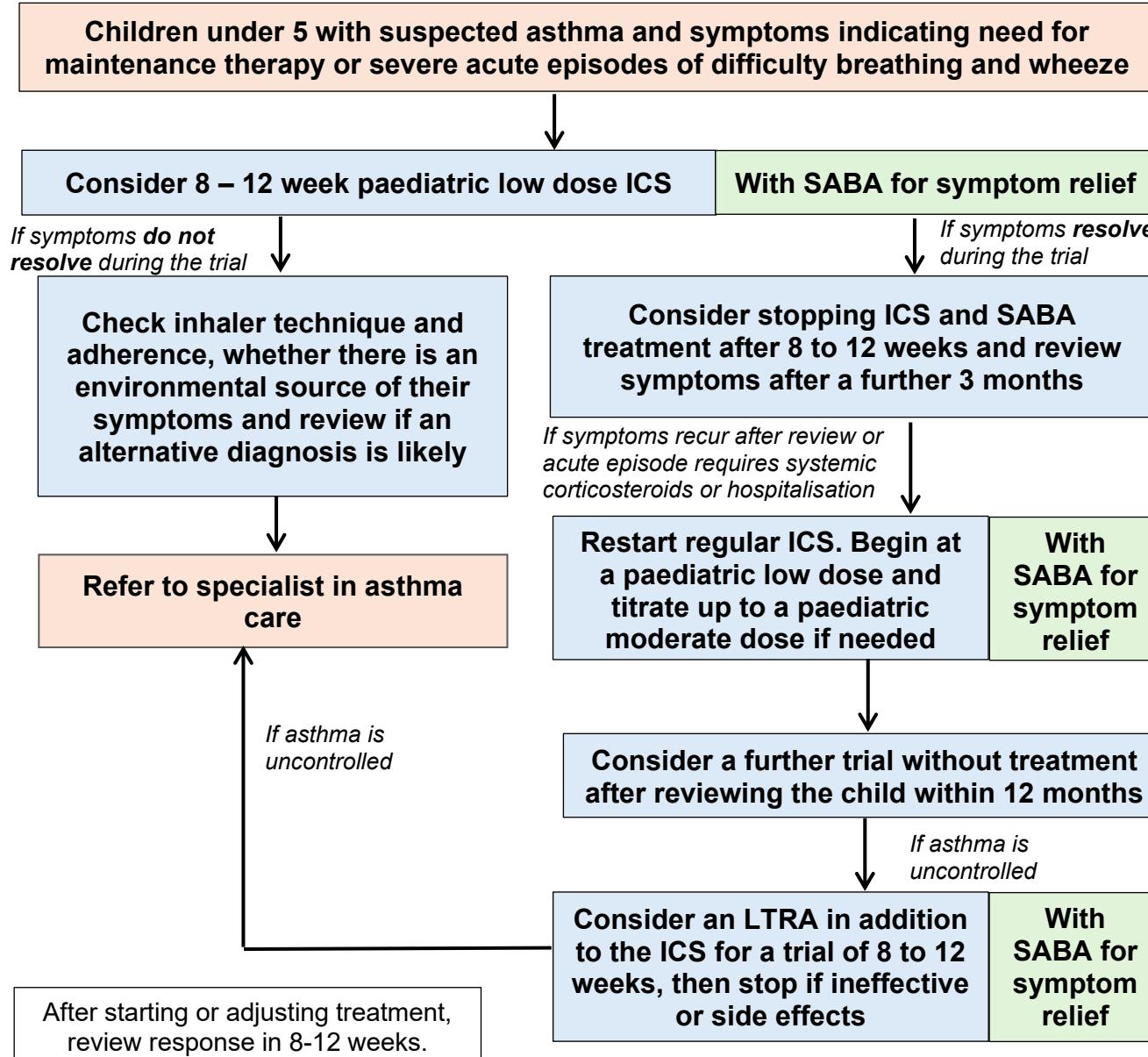
LABA, long acting beta2 agonist

LTRA, leukotriene receptor antagonist

SABA, short acting beta2 agonist

MART, Maintenance and reliever therapy

Asthma Management in Children Under 5



Diagnosis: Treat symptoms based on observation and clinical judgement and review the child on a regular basis. If they still have symptoms when they reach 5 years of age, attempt objective tests, repeating them every 6-12 months until satisfactory results are obtained.

Uncontrolled Asthma Indicators

- Reliever inhaler use ≥3 times a week.
- Waking up ≥1 night a week
- Any exacerbation needing treatment with oral corticosteroids.

Before stepping up treatment assess reasons for poor control: e.g. alternative diagnoses, sub-optimal adherence, inhaler technique, smoking, occupational & environmental triggers.

Self-Management Education

Provide all patients (and carers) with self-management education, including a [personalised asthma action plan](#) (PAAP), and offer annual review which should:

- Give advice on reducing exposure to asthma triggers
- Advise parents of children with asthma of the dangers of second-hand tobacco smoke exposure and offer support to stop smoking.



ICS, inhaled corticosteroid

SABA, short acting beta2 agonist

LTRA, leukotriene receptor antagonist

Preferred Inhaler Options for Children Aged Under 12

- Always prescribe inhalers by brand.
- The choice of inhaler should be based on assessment of correct technique, the patient's preference, lowest environmental impact and the presence of a dose counter.
- A spacer should always be prescribed with a metered dose inhaler (MDI).
- Before starting any new treatment, always assess adherence and inhaler technique. This should be checked at every review or consultation.
- When clinically appropriate, prescribe a dry powder inhaler (DPI) to reduce the environmental impact and carbon footprint.

PAEDIATRIC ICS			
	EASYHALER® BUDESONIDE budesonide 100mcg DPI  	PULMICORT TURBOHALER® budesonide 100mcg DPI  	CLENIL MODULITE® beclometasone 50mcg pMDI  
Licensed age	6 years and over	5 years and over	2 years and over
Paediatric Low Dose ICS	1 puff once or twice daily	1 puff once or twice daily	1 to 2 puffs twice daily
PAEDIATRIC ICS/LABA			
	FOBUMIX EASYHALER® budesonide/formoterol 80/4.5 mcg DPI  	SYMBICORT TURBOHALER® budesonide/formoterol 100/6mcg DPI  	SERETIDE EVOHALER® fluticasone/salmeterol 50/25 mcg pMDI  
Licensed age	6 years and over	6 years and over	4 years and over
Paediatric Low Dose ICS	1 puff twice daily	1 puff twice daily	1 puff twice daily
Paediatric Moderate Dose ICS	2 puffs twice daily	2 puffs twice daily	2 puffs twice daily
PAEDIATRIC MART*			
	FOBUMIX EASYHALER® budesonide/formoterol 80/4.5 mcg DPI  	SYMBICORT TURBOHALER® budesonide/formoterol 100/6mcg DPI  	SYMBICORT® MDI budesonide/formoterol 100/3mcg pMDI   AMBER 2
Licensed age	12 years and over	6 years and over	12 years and over
Paediatric Low Dose MART	1 puff once or twice daily	1 puff once or twice daily	1 puff twice daily or 2 puffs once daily
**Paediatric Moderate dose MART	2 puffs twice daily	2 puffs twice daily	2 puffs twice daily
Reliever puffs	1 puff as needed	1 puff as needed	2 puffs as needed
Maximum dose	4 puffs at any one time, 8 puffs in 24 hours	4 puffs at any one time, 8 puffs in 24 hours	8 puffs at any one time, 16 puffs in 24 hours

* Not all inhalers are licensed for MART in children under 12, except Symbicort® 100/6 Turbohaler. Ensure that the child's parent/carer is aware of this and that the reason for use is clearly documented.

If patients are unable to use a DPI they should remain on conventional ICS/LABA treatment pathway.

**Paediatric Moderate dose MART – secondary care specialist recommendation or initiation only (AMBER 1) and Symbicort® 100/3 MDI - initiation by secondary care specialist only (transfer to primary care with management plan); low and moderate dose (AMBER 2).



Low carbon footprint inhaler



High carbon footprint inhaler

DPI = Dry powder inhaler

pMDI = Pressurised metered dose inhaler

Preferred Inhaler Options for Children Aged Under 12 cont.

SABA			
	SALAMOL® salbutamol 100mcg pMDI 	EASYHALER® SALBUTAMOL salbutamol 100mcg DPI 	VENTOLIN ACCUHALER® salbutamol 200mcg DPI 
Licensed age	1 month and over	4 years and over	4 years and over
Dose	1 to 2 puffs as needed. Max 8 puffs in 24 hours	1 to 2 puffs as needed Max 8 puffs in 24 hours	1 puff as needed Max 4 puffs in 24 hours

The **inhalers listed above are the preferred inhaler options across SWL ICB**. Inhalers not on this list may be initiated by respiratory specialists and should not be changed without prior consultation. For additional formulary options, refer to [SWL NetFormulary](#)

Spacer devices

- Spacer devices are recommended for use with pressurised metered dose inhalers (pMDIs) in all age groups for routine and emergency treatment.
- A face mask is required until a child can breathe reproducibly using the spacer mouthpiece, however from approximately 4 years of age children should be able to competently use a spacer without a mask.
- If a mask is required in older children, ensure the appropriate size is supplied. (A blue EasyChamber® with adult mask is available for patients aged 6 years and over who are unable to use a mouthpiece).
- Provide patients and carers with clear [instructions](#) on correct inhaler and spacer use.
- Spacers should be washed before first use and at least once a month in warm soapy water and allowed to air dry. Wash more frequently if they appear cloudy or inhaler medication deposits are seen.
- It is recommended to replace spacer devices every 12 months.

SPACER DEVICES		RECOMMENDED AGE RANGE
EasyChamber® Spacer with infant mask		0-24 months
EasyChamber® Spacer with child mask		2-6 years
EasyChamber® Spacer with mouthpiece		4+ years*
Volumatic® (also available with mask)		3+ years (0+ years with mask)

*Product specification recommends use in 6 years and over however consensus with local clinicians is that use is appropriate in patients aged 4 years and over.



Low carbon footprint inhaler



High carbon footprint inhaler

DPI = Dry powder inhaler

pMDI = Pressurised metered dose inhaler

mcg = micrograms

AIR = Anti-inflammatory reliever therapy

MART = Maintenance and reliever therapy