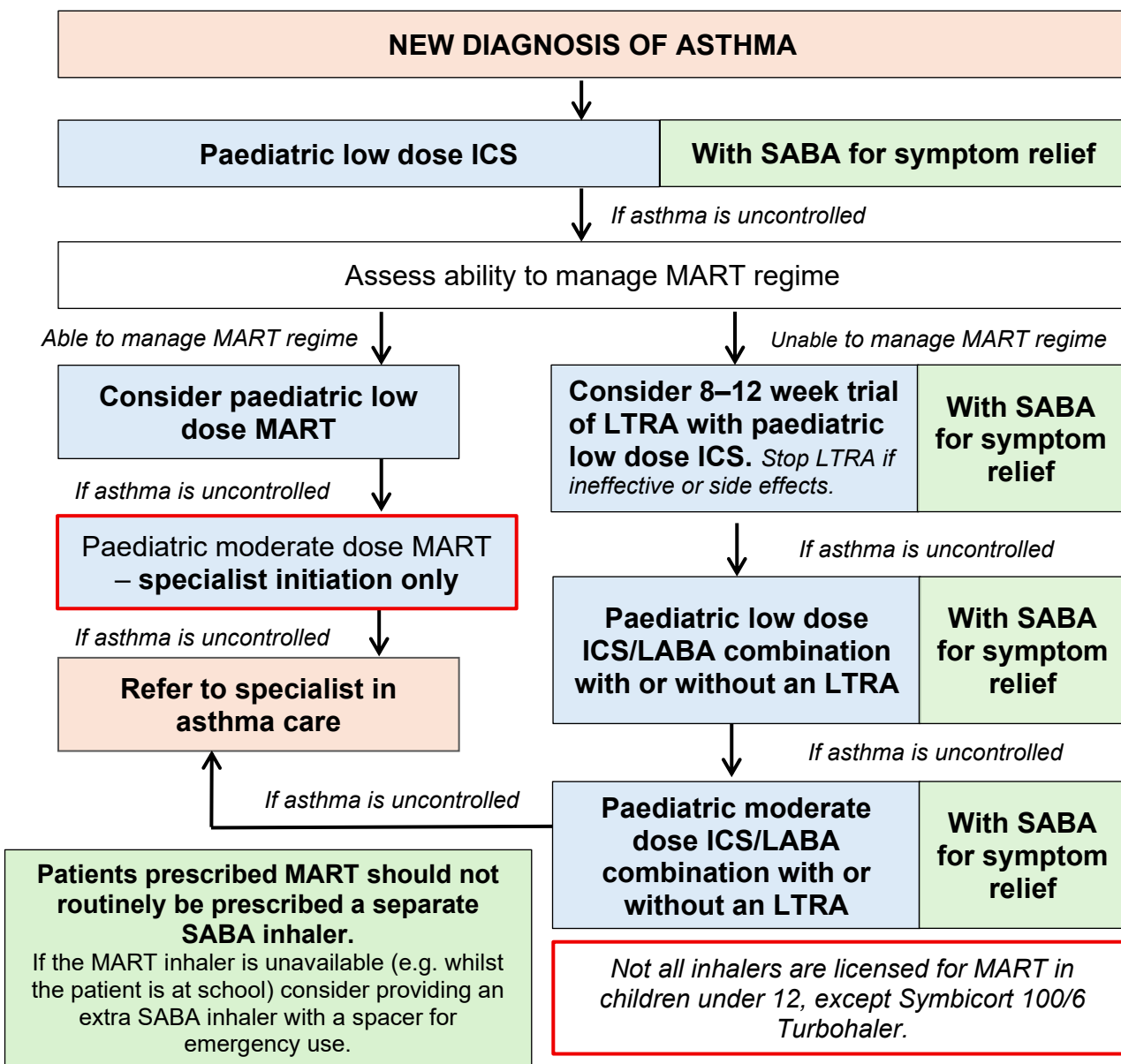


Asthma Management in Children Aged 5 to 11



Confirm asthma [diagnosis](#) with structured clinical history and objective tests [blood eosinophil count **or** fractional exhaled nitric oxide (FeNO), spirometry, peak expiratory flow].

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.

After starting or adjusting treatment, review response in 8-12 weeks.

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.



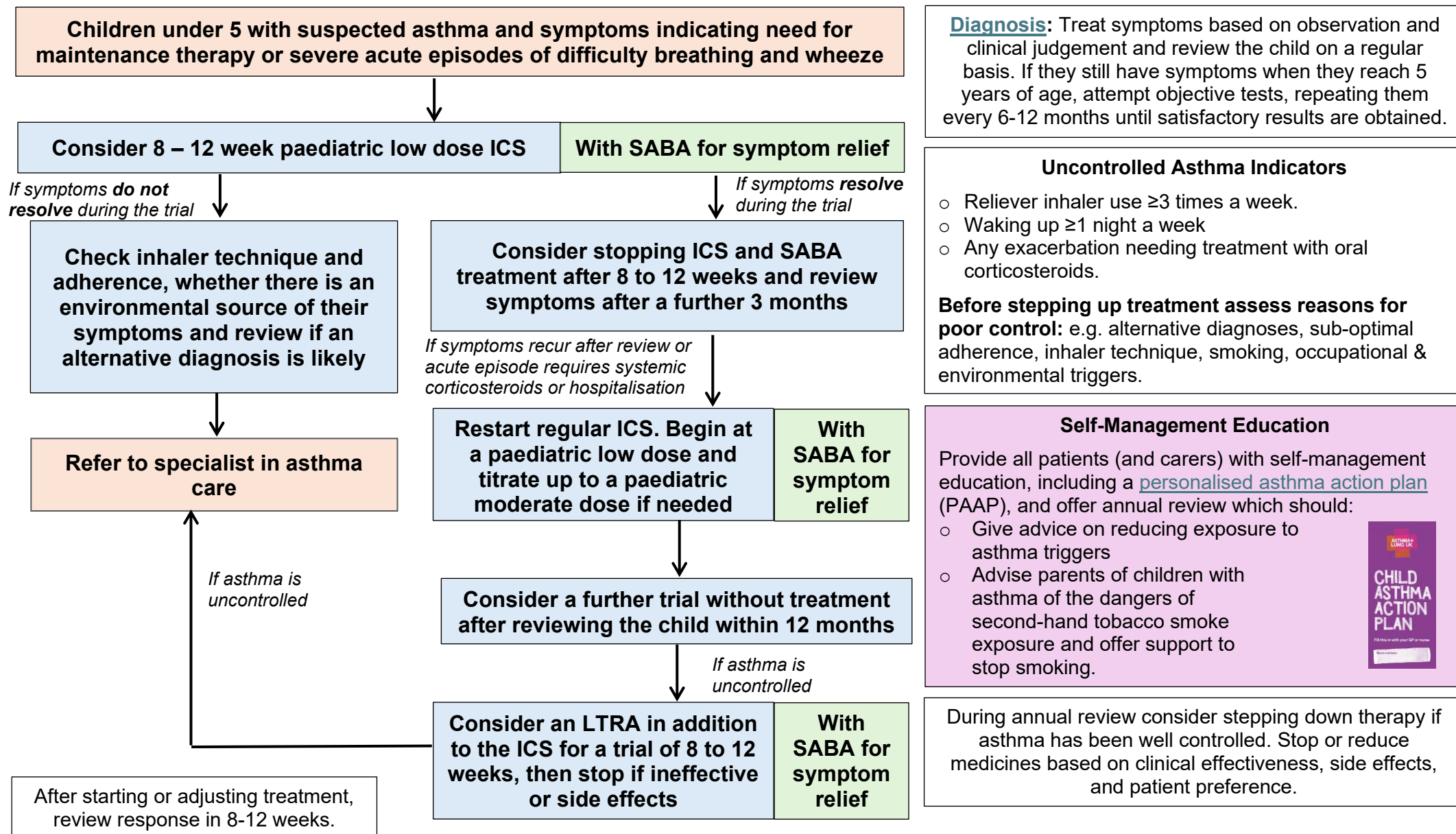
During annual review consider stepping down therapy if asthma has been well controlled. Stop or reduce medicines based on clinical effectiveness, side effects, and patient preference.

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












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
<p>* 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.</p> <p>If patients are unable to use a DPI they should remain on conventional ICS/LABA treatment pathway.</p> <p>**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).</p>			



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





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

mcg = micrograms



High carbon footprint inhaler

AIR = Anti-inflammatory reliever therapy

DPI = Dry powder inhaler

pMDI = Pressurised metered dose inhaler

MART = Maintenance and reliever therapy