



Summary of Guideline: Asthma in Children – Diagnosis and Management

1. DIAGNOSIS

- 1) A compatible history (recurrent episodes of wheezing, cough, difficulty breathing and chest tightness),
- 2) Confirmation of reversible airway obstruction (< 6yrs physical exam with wheezing or work of breathing that definitively improves with short-acting beta antagonist (SABA), ≥ 6yrs spirometry with FEV₁/FVC < 80% with 12% improvement in FEV₁ after SABA), AND
- 3) Absence of an alternative explanation.

2. ACCESS CURRENT ASTHMA CONTROL AND RISK FOR FUTURE ASTHMA ATTACK

CURRENT ASTHMA CONTROL	RISK FOR FUTURE ASTHMA ATTACK
<ul style="list-style-type: none"> • Daytime asthma symptoms more than twice/week? • Any night time symptoms due to asthma? • Reliever needed for symptoms more than twice/week?* • Any activity limitation due to asthma? • FEV₁ < 80% of personal best? (for children over 6yrs) <p>If YES to 1-2 of these questions your patient has partly controlled asthma If YES to ≥ 3 of these questions your patient has uncontrolled asthma</p> <p>*this includes use for exercise induced symptoms</p>	<ul style="list-style-type: none"> • Uncontrolled asthma symptoms • ≥ 1 severe attack (e.g., requiring systemic steroids, ER visit or hospitalization) in last year, previous intubation or ICU admission for asthma • Low FEV₁ (especially < 60%) • Exposure to tobacco smoke • Exposure to allergens that the patient is sensitized to (e.g., pets) • Food allergy or history of anaphylaxis

3. MANAGEMENT

If your patient has partly or uncontrolled asthma on their current treatment, reassess asthma treatment plan PRIOR to stepping up medication ENSURE

- 1) Proper use of asthma device (if using an metered dose inhaler, a spacer device needs to be attached)
- 2) Using controller medication regularly
- 3) Avoiding triggers (if possible)

If your patient has well controlled asthma but has risk factors for asthma attacks, has a low threshold for continuing regular controller medication and if medication is stepped down ensure follow-up within 1-2 months to reassess.

It may take 4-6 weeks of regular use of a controller medication before asthma symptoms improve.

Complete and explain the written action plan to your patient.

PREFERRED CONTROLLER CHOICE	STEP 1	STEP 2	STEP 3	STEP 4
Other controller options		Daily low dose inhaled corticosteroid (ICS)	Daily medium dose ICS (1-12yrs) Add long-acting beta agonists (LABA) to low dose ICS (>12yrs)	If asthma is not well controlled on step 3, consider referral to a specialist
		Daily leukotriene receptor antagonist (LTRA) for patients who won't use ICS	Add ICS to LTRA Daily medium dose ICS (7-12 yrs)	AND/OR LTRA or LABA in combination with medium dose inhaled steroids
RELIEVER	Inhaled SABA as required			