

Asthma or Suspected Asthma in Children 5-11 years First Line Treatment Summary

Check: self-management plan, symptoms, exacerbations, inhaler technique, adherence, how many inhalers used (too few/many), vaccines offered, smoking & pollution.

Counsel: If treatment becomes less effective/symptoms deteriorate – seek medical attention.

Loss of control = using reliever more than twice a week or using ≥ 2 SABA inhalers a year or MART > 4 doses daily = 120 doses/1 inhaler per month.

Refer any patients needing ≥ 2 oral steroid courses per year.

Initial Treatment:

Regular ICS + Salbutamol PRN

Regular ICS (inhaled corticosteroid):

Offer DPI if child can manage

DPI Budesonide 100

Easyhaler

1 dose BD



MDI Soproboc

50 1-2 dose BD



MDI Breath actuated

Qvar 50 Easi-breathe

1 dose BD

Off label <12 years



Salbutamol PRN

DPI Salbutamol 100

Easyhaler



MDI Salamol



MDI Breath actuated

Salamol 100 Easi-breathe



Not Controlled: Either MART or Conventional Pathway

NICE recommend MART. If child cannot manage this regime use conventional pathway.

MART (Maintenance And Reliever Therapy):

Budesonide /Formoterol

Low Dose : 1 dose OD or BD + 1 PRN.

Symptoms after a few minutes? Take an additional dose.

Max dose for DPI. 4 doses on a single occasion. Total 8 doses in 24 hours (limited period). **Seek medical advice if using > 4 doses daily = 120 doses/1 inhaler per month**

Max dose for Symbicort MDI. Max: 8 doses on a single occasion. Total 16 doses in 24 hours (limited period). **Seek medical advice if using > 4 doses daily = 120 doses/1 inhaler per month**

DPI Fobumix 80/4.5 Easyhaler

Off label <12 years.



DPI Symbicort 100/6 Turbohaler

Off label <6 years



MDI Symbicort 100/3

Off label <12 years



Consider increasing to paediatric moderate-dose MART if asthma is not controlled on paediatric low dose MART.

Moderate Dose MART: 2 dose BD

+ 1 PRN off label

Conventional Pathway:

Regular ICS/LABA + salbutamol

PRN Low Dose: 1 dose BD



DPI Fobumix 80/4.5 Easyhaler

Off label <6 years



DPI Symbicort 100/6 Turbohaler

Off label <6 years



MDI Seretide 50

Fluticasone/ salmeterol

Do not use for MART



MDI Symbicort 100/3

(off label <12 years)

Consider increasing to paediatric moderate-dose if asthma is not controlled on paediatric low dose. **Moderate Dose:** 2 doses BD

Consider adding montelukast to ICS + SABA

5yrs = 4mg daily

6-14yrs = 5mg daily

Warn carers about neuropsychiatric ADRs e.g. sleep disorders, stuttering, obsessive compulsive symptoms. Review after 8-12 wks. Continue if effective. **Stop** if not effective or ADRs outweigh benefit.

If asthma not controlled with paediatric moderate dose MART or moderate dose ICS/LABA 2 (doses BD) + reliever

Refer to Paediatrician

DO NOT prescribe nebulised SABAs for asthma

MHRA: Increased mortality rates. Delayed medical attention.

MUST ONLY be initiated and managed by consultant led Paediatric Asthma Clinic

Criteria for stepping down ICS:

Good control and stable for >3 months
High doses (see next page) of ICS may cause long term harm including growth restriction. Review changes 4 to 8 weeks after treatment reduction. Use CACT/ACT to the practice to assess control.

[Childrens asthma action plan | Asthma + Lung UK](#)



[Alternative Asthma Action Plans: Beat Asthma](#)

[Inhaler videos RightBreathe](#)



5-11 years Asthma or Suspected Asthma in Children What to do at an asthma review.

Assess symptoms and control

- Discuss symptoms and triggers
- Use [Asthma Control Test](#)
- Plot height & weight annually
- Consider lung function, FeNo, spirometry, peak flow
- No of exacerbations including ED & inpatient for asthma
- Any courses of steroids
- Nighttime waking > 1 more times a week

Assess future risk of attacks.

Loss of control = using reliever > twice a week or using ≥ 2 SABA inhalers a year or MART > 4 doses per day = 120 dose= 1 inhaler per month.

Smoking/ vaping status of household, patient.

Observe inhaler technique at EVERY asthma related contact.

- DPI – inhale quick and deep
- MDI – slow and steady must have a **SPACER**.
- Ensure the correct size of spacer is given (yellow spacers are not suitable in >5s), discuss mask/mouthpiece.
- [How to use](#) & cleaning
- Consider using an In-check dial to assess inspiratory flow & technique

Refer to a Pharmacy for the New Medicine Service to reinforce technique

RightBreathe have [detailed inhaler information](#) & eLfH [Training for all staff](#)

Review medication

Document number of ICS, SABA & combined inhalers **12 mnths**

Loss of control = using reliever > twice a week or using ≥ 2 SABA inhalers a year or MART > 4 doses per day = 120 dose= 1 inhaler per month.

Explore understanding & concordance issues

Consider ability to use DPI and MART

Increase or reduce ICS/LABA dose as needed

High dose of ICS

- **May cause long term harm** including growth restriction
- If good control and stable for > 3 months consider step down and then
- Review after 4-8 weeks
- **See max ICS doses box below**

BNF: Max regular ICS doses per DAY. Issue a blue steroid card for doses that **exceed the value** i.e. high doses. Ask about nasal, topical & oral steroids. [NNPG](#) advice. [NICE ICS doses](#).

Prescribing Tips

Review patients:

- 4-8 weeks after a change in treatment
- After ED/inpatient for asthma
- Advise patients not to stop ICS therapy
- Regular low dose ICS improves asthma control.
- **Always use ICS with a SABA**

Qvar is TWICE as potent as Soprobec

MHRA warning for [Montelukast](#)

Warn patients/ carers about neuropsychiatric reactions including sleep, speech impairment (stuttering) and obsessive-compulsive symptoms. **Stop** if not effective or ADRs outweigh benefit.

Greener NHS information for families

Good control of asthma = less relievers = lower environmental impact

DPIs have a lower carbon footprint

- Preferred when child can manage
- Often easier to use for children > 8 yrs
- No spacer required

When MDI is best choice

- Salamol has a lower carbon footprint than Ventolin.

Return used/old MDIs to pharmacy



5-11 years Asthma or Suspected Asthma in Children—clinical guidance V1

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Accessibility checked: The guideline contains a table that might not be accessible to some screen readers

Written self-management plan

Review the plan if control deteriorates



Information for families/ carers

- Explain pollution triggers/exacerbates asthma indoors & outdoors
- Tips to minimise [Air pollution | Asthma + Lung UK](#)
- Offer smoking cessation advice to household
- [Help your child use their inhaler | Asthma + Lung UK](#)

Steroid	Inhaler	Microgram
Budesonide	Easyhaler, Symbicort, Fobumix	400
Beclometasone MDI standard particle	Soprobec	400
Fluticasone	Seretide	200
Beclometasone MDI ultrafine particle	Qvar	200