

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 Soprobec

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-breath



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**

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.

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](#).

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

Greener NHS information for families
Good control of asthma = less relievers = lower environmental impact

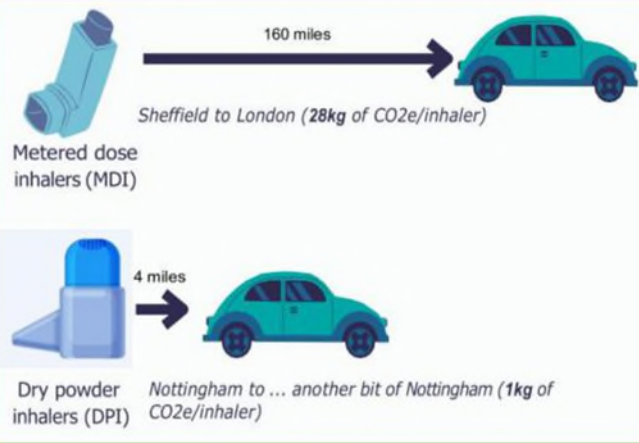
DPIs have a lower carbon footprint

- 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
Last reviewed: Nov 2025. Review date: Jan 2028
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](#)