Asthma Ongoing Management in Children Age 12 Years and Older

**Components of Control**

<table>
<thead>
<tr>
<th>Impairment</th>
<th>Classification of Asthma Control (≥12 years of age)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Well Controlled</td>
</tr>
<tr>
<td>Symptoms</td>
<td>≤2 days/week</td>
</tr>
<tr>
<td>Nighttime awakenings</td>
<td>≤2/ month</td>
</tr>
<tr>
<td>Interference with normal activity</td>
<td>None</td>
</tr>
<tr>
<td>Short-acting beta-agonist use for symptom control (not prevention of EIB)</td>
<td>≤2 days/week</td>
</tr>
<tr>
<td>FEV1 or peak flow</td>
<td>&gt;60% predicted/ personal best</td>
</tr>
<tr>
<td>Validated questionnaires</td>
<td>ATAC ACQ ACT</td>
</tr>
</tbody>
</table>

**Risk**

- Exacerbations requiring oral systemic corticosteroids: 0–1/year
- Consider severity and interval since last exacerbation
- Progressive loss of lung function: Evaluation requires long-term follow-up care
- Treatment-related adverse effects: Medication side effects can vary in intensity from none to very troublesome and worsen. The level of intensity does not correlate to specific levels of control but should be considered in the overall assessment of risk.

**Recommended Action for Treatment**

- Maintain current step.
- Step up 1 step and review in 2–6 weeks.
- For side effects, consider alternative treatment options.
- Consider short course of oral systemic corticosteroids.
- Step up 1–2 steps, and review in 2 weeks.
- For side effects, consider alternative treatment options.

**Inclusion Criteria:**
- 12 years or older
- Diagnosis of persistent asthma

**Exclusion Criteria:**
- Other acute respiratory process or asthma exacerbation
- Other chronic diseases such as CF, congenital heart or pulmonary disease, immune disorder

**Persistent Asthma: Daily Medication**

Consult with asthma specialist if step 4 care or higher is required. Consider consultation at step 3.

**Step 1**

Prefered: SABA PRN

**Step 2**

Prefered: Low-dose ICS + LABA OR Medium-dose ICS

**Step 3**

Prefered: Medium-dose ICS + LABA AND Alternative: Medium-dose ICS + either LTRA, Theophylline, or Zileuton

**Step 4**

Prefered: High-dose ICS + LABA AND Alternative: High-dose ICS + oral corticosteroid

**Step 5**

Consider Omalizumab for patients who have allergies

**Step 6**

Consider Omalizumab for patients who have allergies

**Quick-Relief Medication for All Patients**

- SABA as needed for symptoms. Intensity of treatment depends on severity of symptoms: up to 3 treatments at 20-minute intervals as needed. Short course of oral systemic corticosteroids may be needed.
- Use of SABA >2 days a week for symptom relief (not prevention of EIB) generally indicates inadequate control and the need to step up treatment.