# Asthma Ongoing Management in Children Age 5 to 11 Years of Age

**Goal:** Provide appropriate treatment, education, and preventive management of asthma.

**At subsequent visits, assess level of control which is independent of severity.**

## Classification of Asthma Control (5–11 years of age)

<table>
<thead>
<tr>
<th>Components of Control</th>
<th>Classification of Asthma Control (5–11 years of age)</th>
<th>Well Controlled</th>
<th>Not Well Controlled</th>
<th>Very Poorly Controlled</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Impairment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Symptoms</td>
<td></td>
<td>≤2 days/week but not more than once on each day</td>
<td>&gt;2 days/week or multiple times on ≤2 days/week</td>
<td>Throughout the day</td>
</tr>
<tr>
<td>Nighttime awakenings</td>
<td></td>
<td>≤2x/month</td>
<td>&gt;2x/month</td>
<td>≥2x/week</td>
</tr>
<tr>
<td>Interference with normal activity</td>
<td></td>
<td>None</td>
<td>Some limitation</td>
<td>Extremely limited</td>
</tr>
<tr>
<td>Short-acting beta agonist use for symptom control (not prevention of EIB)</td>
<td></td>
<td>≤2 days/week</td>
<td>&gt;2 days/week</td>
<td>Several times per day</td>
</tr>
<tr>
<td>Lung function</td>
<td></td>
<td>&gt;80% predicted/ personal best</td>
<td>60–80% predicted/ personal best</td>
<td>&lt;60% predicted/ personal best</td>
</tr>
<tr>
<td>FEV1 or peak flow</td>
<td></td>
<td>&gt;80%</td>
<td>75–80%</td>
<td>&lt;75%</td>
</tr>
<tr>
<td>FEV1/FVC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Risk</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exacerbations requiring oral/systemic corticosteroids</td>
<td>0–1/year</td>
<td>≥2/year (see note)</td>
<td>Consider severity and interval since last exacerbation</td>
<td></td>
</tr>
<tr>
<td>Reduction in lung growth</td>
<td></td>
<td>Evaluation requires long-term followup.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment related adverse effects</td>
<td></td>
<td>Medication side effects can vary in intensity from none to very troublesome and worrisome.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Recommended Action for Treatment

(See figure 4–1b for treatment steps.)

- Maintain current step.
- Regular followup every 1–4 months.
- Consider step down if well controlled for at least 3 months.
- Step up at least 1 step and reassess in 2–4 weeks.
- For side effects: consider alternative treatment options.
- Consider short course of oral systemic corticosteroids.
- Step up 1–2 steps, and reassess in 2 weeks.
- For side effects: consider alternative treatment options.

## Inclusion Criteria:
- 5 to 11 years of age
- Diagnosis of persistent asthma

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

### Step 1
**Preferred:** SABA PRN

**Step 2**
**Preferred:** Low-dose ICS
**Alternative:** Cromolyn, LTRA, Nedocromil, or Theophylline

**Step 3**
**Preferred:** Medium-dose ICS + LABA
**Alternative:** Low-dose ICS + LTRA, or Theophylline

**Step 4**
**Preferred:** High-dose ICS + LABA
**Alternative:** Medium-dose ICS + LTRA or Theophylline

**Step 5**
**Preferred:** High-dose ICS + LABA + oral systemic corticosteroid
**Alternative:** High-dose ICS + either LTRA or Theophylline + oral systemic corticosteroid

**Step 6**
**Preferred:** High-dose ICS + LABA + oral systemic corticosteroid
**Alternative:** High-dose ICS + either LTRA or Theophylline + oral systemic corticosteroid

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

### Persistent Asthma: Daily Medication
Assess control Step up if needed (first, check adherence, inhaler technique, environmental control, and comorbid conditions) and step down if possible (and asthma is well controlled at least 3 months)

Each step: Patient education, environmental control, and management of comorbidities.
Steps 2–4: Consider subcutaneous allergen immunotherapy for patients who have allergic asthma (see notes).

**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.
- Caution: Increasing use of SABA or use 12 days a week for symptom relief (not prevention of EIB) generally indicates inadequate control and the need to step up treatment.