Children’s Community Health Plan’s
Clinical Summary of Guidelines
For the
Management of Asthma

Summary written by Dr. M. Zacharisen, MCW
Stepwise Approach to Therapy

- Stepwise approach recommended to gain/maintain control
  - **Severity** assessment used to initiate controller or maintenance therapy
  - **Control** assessment used to adjust controller or maintenance therapy

- Before stepping up:
  - Assess medication adherence, inhaler technique, environmental control measures, comorbid conditions
  - If alternative treatment is being used, discontinue; initiate preferred treatment instead

- Consider stepping down therapy:
  - Once control has been maintained for > 3 months
○ To identify minimum medication necessary to maintain control
### Stepwise Approach for Managing Asthma in Children Aged ≤ 4 years

#### Classification of Asthma Severity

<table>
<thead>
<tr>
<th>Intermittent</th>
<th>Persistent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td>Moderate</td>
</tr>
<tr>
<td>Severe</td>
<td></td>
</tr>
</tbody>
</table>

#### Intermittent Asthma

- **STEP 1:** Preferred: Low-dose ICS
  - Alternative: Cromolyn or Montelukast
- **STEP 2:** Preferred: Medium-dose ICS
  - Alternative: Medium-dose ICS + either LABA or Montelukast

#### Persistent Asthma: Daily Medication

- **STEP 3:** Preferred: Medium-dose ICS + either LABA or Montelukast
  - Alternative: High-dose ICS + either LABA or Montelukast
- **STEP 4:** Preferred: High-dose ICS + either LABA or Montelukast
  - Oral systemic Corticosteroids
- **STEP 5:**
- **STEP 6:**

### Patient Education and Environmental Control at Each Step

Montelukast is indicated for prophylaxis and chronic treatment of asthma only in patients aged 12 months and older. Safety and effectiveness of montelukast in patients younger than 12 months have not been established.

### Quick-Relief Medication for All Patients

  Summary written by Dr. M. Zacharisen, MCW
# Stepwise Approach for Managing Asthma in Children Aged 5 to 11 years

## Classification of Asthma Severity

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### Intermittent Asthma

**Recommended Step for Initiating Treatment**

<table>
<thead>
<tr>
<th>Step 1</th>
<th>Step 2</th>
<th>Step 3</th>
<th>Step 4</th>
<th>Step 5</th>
<th>Step 6</th>
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<tbody>
<tr>
<td><strong>Preferred:</strong> Low-dose ICS</td>
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<td><strong>Preferred:</strong> Either: Medium-dose ICS + LABA or LTRA or Theophylline</td>
<td><strong>Preferred:</strong> High-dose ICS + LABA or Theophylline</td>
<td><strong>Preferred:</strong> High-dose ICS + LABA + Oral corticosteroid or Montelukast</td>
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<td><strong>Alternative:</strong> Cromolyn, LTRA, Nedocromil or Theophylline</td>
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<td><strong>Alternative:</strong> Oral corticosteroids</td>
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### Persistent Asthma: Daily Medication

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

### STEP 1 – STEP 6

#### Patient Education and Environmental Control at Each Step

- **STEPS 2 – 4:** Consider subcutaneous allergen immunotherapy for patients who have allergic Asthma.

#### Quick-Relief Medication for All Patients

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### Persistent Asthma: Daily Medication

**Consult with asthma specialist if step-4 or higher is required.**

**Consider consultation at step 3.**

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**Stepwise Approach for Managing Asthma in Youths Aged ≥ 12 years & Adults**

- **Step 1**: Assess control (and asthma is well controlled for at least 3 months)
- **Step 2**: Preferred: Low-dose ICS + LABA
- **Step 3**: Preferred: Medium-dose ICS + LABA
- **Step 4**: Preferred: High-dose ICS + LABA and consider Omalizumab for patients who have allergies
- **Step 5**: Preferred: Medium-dose ICS + LABA
- **Step 6**: Preferred: High-dose ICS + LABA + Oral corticosteroids and consider Omalizumab for patients who have allergies

**Patient Education and Environmental Control at Each Step**

- STEPS 2-4: Consider subcut allergen immunotherapy if allergic Asthma

**Quick-Relief Medication for All Patients**

**Intermittent Asthma**

- **Preferred**: SABA prn

**Persistent Asthma**

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

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EPR 3 - Summary

- Asthma assessment is now described by **severity** and **control**; each includes domains of impairment & future risk.

- Current evidence indicates that intervention with available long-term control medication does not alter the underlying severity of the disease.

- Use a stepwise approach to treatment, focused on individualized therapy with frequent monitoring.

- Once control is achieved, step down to minimal treatment step if possible.

- Clinician need to develop individualized treatment plans tailored to the specific needs and circumstances of the Pt.