

Asthma treatment guideline for GPs and practice nurses - Children <5 years old

For use by GPs/practice nurse in their patients (other higher strength inhalers may be prescribed under the direction of specialist paediatrician)

All guidance based on NICE and BTS guidelines

When required treatment

IF ASTHMA IS SUSPECTED A TRIAL OF ICS SHOULD BE COMMENCED

Particular attention should be paid to those children who are picking up more than two salbutamol inhalers per year for acute exacerbations as this suggests poor control

Salbutamol 100mcg MDI 2 puffs PRN
200 doses

ALL CHILDREN SHOULD USE A VOLUMATIC® WITH THEIR pMDI Paediatric (with mask)

<3 yrs old

Normal >3 yrs old (Although other spacers are available, we recommend only using Volumatic®)

Regular ICS Preventer Therapy Start at dose appropriate to severity of disease

VERY LOW DOSE ICS

Clenil® 50mcg MDI 2 puffs BD
120 doses

Clenil® 100mcg MDI 1 puff BD
120 doses

LOW DOSE ICS

Clenil® 100mcg MDI 2 puffs BD
120 doses

OR

If ICS not appropriate or not tolerated – trial of montelukast 4mg ON for 6 weeks minimum– stop if no improvement

Volumatic® with mask) consider starting with - low dose- ICS to ensure good deposition. Please note due to poor deposition in the lungs in the under 3 (using paediatric

Initial Add-on Therapy

For those children only on Montelukast 4mg ON start regular ICS preventer therapy

VERY LOW DOSE ICS

Clenil® 50mcg MDI 2 puffs BD
120 doses

Clenil® 100mcg MDI 1 puff BD
120 doses

LOW DOSE ICS

Clenil® 100mcg MDI 2 puffs BD
120 doses

Those on ICS and have not had a trial of montelukast start now 4mg ON for at least 6 weeks– stop if no improvement

IF UNDER THE AGE OF 2 REFER IF MONOTHERAPY NOT EFFECTIVE

Refer

Seek specialist paediatric advice at this stage

Good practice point: Check inhaler technique and concordance prior to stepping up treatment and always keep on lowest effective dose of ICS