NHS Vale of York Clinical Commissioning Group

CAT HUB Children's Ambulatory Treatment Hub

nimbus local care, for local people

NHS York and Scarborough Teaching Hospitals NHS Foundation Trust

Asthma Treatment Pathway

Evaluation:

- Assess current control
- ACT score
- Frequency of relieve use?
- Nocturnal cough
- Symptoms with exercise
- Time off school
- Exacerbations
- Attended GP
- Attended ED
- Admissions with wheeze/asthma
- Courses of oral steroids
- Triggers
- Household smoking

Move up to improve control as needed

Move down to find and maintain lowest conrolling step

Consider ICS

- Using inhaled SABA ≥ 3x/week
- Symptomatic ≥ 3x/week
- Waking with symptoms one night/ week
- An exacerbation requiring oral corticosteroids in the last 2 years

Inhaled short-acting β_2 agonist as required

STEP 1
Intermittent Reliever Therapy

Add inhaled corticosteroid 200-400 mcg/d*

200 mcg is appropriate starting dose for most children

Or leukotriene receptor antagonist if inhaled corticosteroid cannot be used

Start at dose of inhaled corticosteroid appropriate to severity of disease

STEP 2
Regular Preventer Therapy

<2y: Refer

2-5y: On ICS 200-400 mcg/d add LRTA

On LRTA add ICS 200-400 mcg/d

>5y: Add inhaled long-acting β_2 agonist (LABA)

Assess control of asthma

- **Good response to LABA**
  → *Continue LABA*
- **Benefit from LABA but still inadequate**
  → *Continue LABA and increased ICS to 400 mcg/d (if not already on this dose)*
- **No response to LABA**
  → *Stop LABA and increase ICS to 400 mcg/d* (if not already on this dose)*
  → *If control still inadequate, start LTRA or SR theophylline*

STEP 3
Initial Add-On Therapy

Increased inhaled corticosteroid up to 800 mcg/d*

Refer to secondary care

STEP 4
Persistent Poor Control

- Two or more courses of systemic corticosteroids in the previous 12 months
- Require treatment step 4 to achieve control
- Medium dose ICS (total beclomethasone 800 mcg/d or equivalent) should only be used after referred to secondary care
- Diagnosis unclear

Indications for Referral

SYMPTOMS VS TREATMENT