

Intermittent Asthma

Persistent Asthma: Daily Medication

Step up as indicated although address possible poor adherence to medication. Re-assess in 2 to 6 weeks.

Step down if well controlled and re-assess in 3 months. If very stable then assess control every 3 to 6 months.

All LABAs and combination agents containing LABAs have a black box warning.

Reference: National Heart, Lung, and Blood Institute's Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma 2007. NIH Publication 07-4051. This tool was adapted from the Colorado Clinical Guidelines Collaborative.

STEP 1 (all ages)

Short-acting beta-agonist (e.g., albuterol prn)

If used more than 2 days per week (other than for exercise) consider inadequate control and the need to step up treatment.

STEP 2

ALL AGES

Preferred: Low-dose inhaled steroid

Alternative: Leukotriene blocker **or** cromolyn

AGE 0-4 YRS

Consider referral (especially if diagnosis is in doubt)

STEP 3

AGE 12+ YRS

Preferred: Low-dose inhaled steroid + long-acting beta agonist **or** Medium-dose inhaled steroid

Alternative: Low-dose inhaled steroid + leukotriene blocker

AGE 5-11 YRS

Low-dose inhaled steroid + long-acting beta agonist **or** leukotriene blocker **or** Medium-dose inhaled steroid

AGE 0-4 YRS

Medium-dose inhaled steroid + referral

STEP 4

AGE 12+ YRS

Preferred: Medium-dose inhaled steroid + long-acting beta agonist

Alternative: Medium-dose inhaled steroid + leukotriene blocker

AGE 5-11 YRS

Same as 12+ yrs

AGE 0-4 YRS

Medium-dose inhaled steroid + either long-acting beta-agonist **or** leukotriene blocker

STEP 5

AGE 12+ YRS

High-dose inhaled steroid + long-acting beta agonist **—and—** Consider omalizumab if allergies

AGE 5-11 YRS

Preferred: High-dose inhaled steroid + long-acting beta agonist

Alternative: High-dose inhaled steroid + leukotriene blocker

AGE 0-4 YRS

High-dose inhaled steroid + either long-acting beta-agonist **or** leukotriene blocker

STEP 6

AGE 12+ YRS

High-dose inhaled steroid + long-acting beta agonist + oral steroid **—and—** Consider omalizumab if allergies

AGE 5-11 YRS

Preferred: High-dose inhaled steroid + long-acting beta agonist

Alternative: High-dose inhaled steroid + leukotriene blocker + **oral steroid**

AGE 0-4 YRS

High-dose inhaled steroid + either long-acting beta-agonist **or** leukotriene blocker + **oral steroid**

All ages Steps 4 through 6: Consult with asthma specialist

Consider immunotherapy if allergic asthma

RESCUE MEDICATION: Short-acting beta-agonist (e.g. albuterol) as needed for symptoms. Treatment intensity depends on symptom severity. Frequent or increasing use of rescue medication may indicate inadequate control and the need to step up treatment.