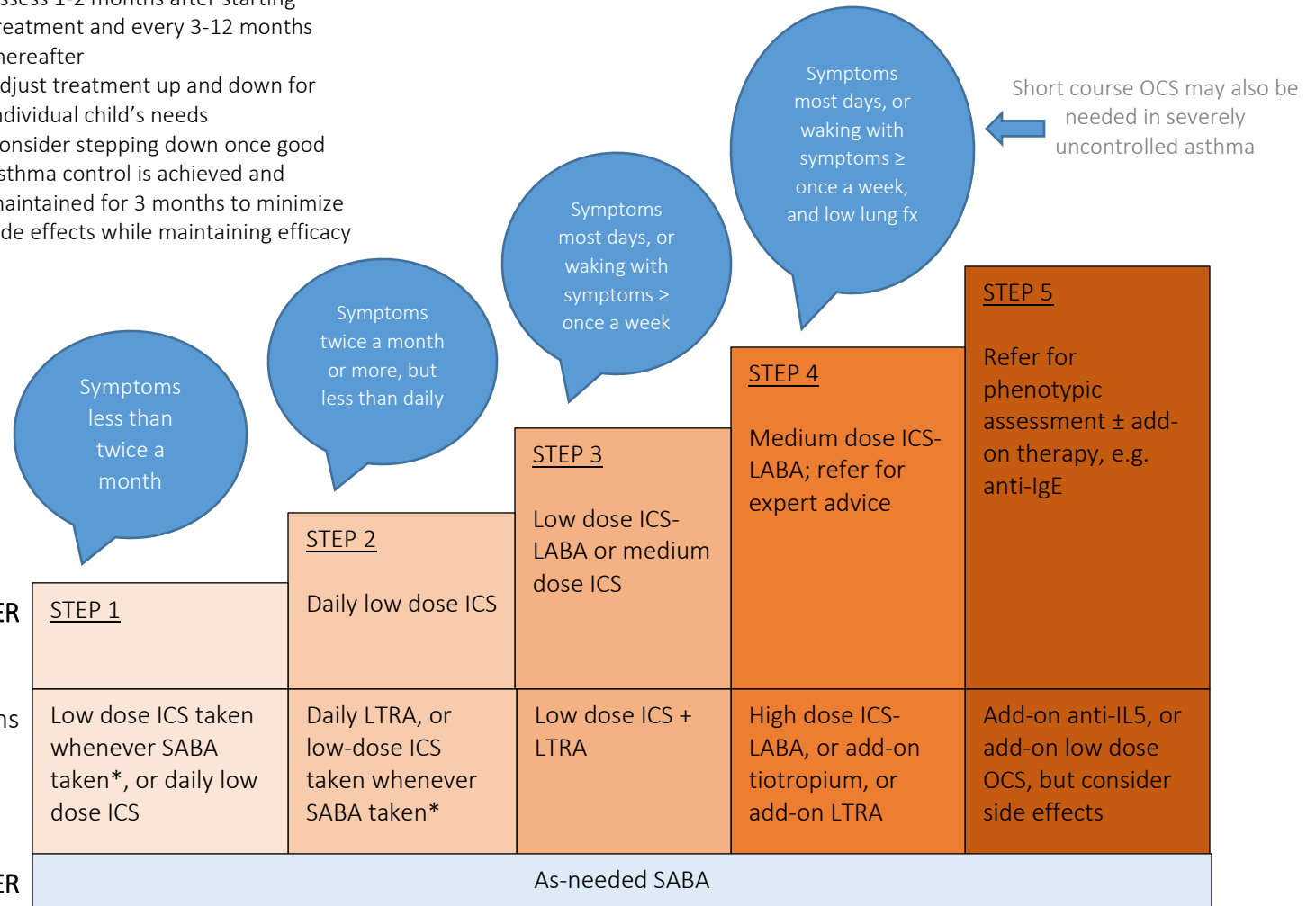


### Management of Children 6-11 years

*Adapted from 2020 GINA guidelines*

- ✓ Assess 1-2 months after starting treatment and every 3-12 months thereafter
- ✓ Adjust treatment up and down for individual child's needs
- ✓ Consider stepping down once good asthma control is achieved and maintained for 3 months to minimize side effects while maintaining efficacy



\*Separate ICS and SABA inhalers (off-label)

Click [here](#) for ICS estimated comparative daily dosages



# Pharmacy Pearls

May 2020

## Asthma Medication Management: Pediatrics

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### Management of Children ≤5 years

*Adapted from 2020 GINA guidelines*

#### Low Daily Dose of ICS for Children ≤5 years

Inhaled Corticosteroid	Low total daily dose (mcg)
Beclometasone dipropionate (pMDI, standard particle, HFA)	100 (ages 5 years and older)
Beclometasone dipropionate (pMDI, extrafine particle, HFA)	50 (ages 5 years and older)
Budesonide nebulized	500 (ages 1 year and older)
Fluticasone propionate (pMDI, standard particle, HFA)	50 (ages 4 years and older)
Mometasone furoate (pMDI, standard particle, HFA)	100 (ages 5 years and older)

HFA: hydrofluoroalkane propellant; pMDI: pressurized metered dose inhaler; should always be used with a spacer in children

PREFERRED CONTROLLER	STEP 1	STEP 2	STEP 3	STEP 4
	Daily low dose ICS	Daily LTRA, or intermittent short courses of ICS at onset of respiratory illness	Double 'low dose' ICS	Continue controller & refer for specialist assessment
Other controller options			Low dose ICS + LTRA; consider specialist referral	Add LTRA, or increase ICS frequency, or add intermittent ICS
RELIEVER	As-needed SABA			
CONSIDER THIS STEP FOR:	Infrequent viral wheezing and no or few interval symptoms	Symptom pattern not consistent with asthma but wheezing episodes requiring SABA occur frequently (e.g. ≥ 3 per year). Give diagnostic trial for 3 months. Consider specialist referral. Symptom pattern consistent with asthma, and asthma symptoms not well-controlled or ≥3 exacerbations per year.	Asthma dx, and asthma not well-controlled on low dose ICS	Asthma not well-controlled on double ICS
			Before stepping up, check for alternative dx, inhaler technique and review adherence and exposures	

ICS: inhaled corticosteroid; LABA: long-acting beta<sub>2</sub>-agonist; LTRA: leukotriene receptor antagonist; OCS: oral corticosteroids; SABA: short-acting beta<sub>2</sub>-agonist