# Asthma prescribing guidelines for children aged 5 to 11 years

NHS Cornwall and Isles of Scilly

- Asthma: diagnosis, monitoring and chronic asthma management (BTS, SIGN, NICE NG245)
- Asthma pathway (BTS, SIGN, NICE NG244)
- Inhaled corticosteroid doses for the BTS, NICE and SIGN asthma guideline

**ICS dosages for people aged 5 to 11 years**

| ICS | Low dose | Moderate dose |
|---|---|---|
| Budesonide DPI | 100 to 200 micrograms per day (in 1 or 2 doses) | 300 to 400 micrograms per day (in 1 or 2 doses) |
| Beclometasone standard pMDI | 100 to 200 micrograms per day in 2 divided doses | 300 to 400 micrograms per day in 2 to 4 divided doses |
| Fluticasone pMDI or DPI | 50 to 100 micrograms per day in 2 divided doses | 150 to 200 micrograms per day in 2 divided doses |

- MHRA drug safety update 19 September 2019 – Montelukast (Singulair): reminder of the risk of neuropsychiatric reactions
- The NICE patient decision aid can help people aged 12 and over with asthma, parents and carers and their healthcare professionals discuss their options for inhaler devices, which includes consideration of the carbon footprint of the inhaler.
- The asthma control test (ACT) is a validated symptom measure which can be used with or without peak flow monitoring to aid diagnosis and assess the impact of asthma symptoms on patents' lives. An ACT score of 19 or under indicates poorly controlled asthma. Templates are available on GP systems. An increase in ACT score of 3 or more is clinically meaningful and can help evaluate the benefit of interventions.

- Asthma + Lung UK provides advice for both patients and healthcare professionals. Free, downloadable versions of asthma action plans are available to complete during consultations and print or share electronically with patients:
  - Child asthma action plan for 6 to 11 years
  - The MART action plan is designed for adults and children over 12 years but may be useful (guidance and notes for HCPs here)
- The NHS UK website: asthma offers advice and information for patients with asthma.
- RightBreathe contains information on almost all inhalers on the market including licensing, dose ranges, spacer compatibility and videos demonstrating correct technique for each device.
- The In-Check DIAL device simulates the resistance of a variety of inhaler types and is a useful tool for assessing inspiratory flow rate and refining technique

These guidelines have been developed with input from Chris Burgin and Paige Rickard, pharmaceutical advisors, NHS Cornwall and Isles of Scilly integrated care board (CIoS ICB), Joe Cloran Paediatric Asthma Clinical Nurse Specialist, RCHT, and Rachel Williams, consultant respiratory practitioner, Cornwall Partnership NHS Foundation Trust. Ratified by the Respiratory Clinical Research Group January 2026.

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# Algorithm D: Pharmacological management of asthma in children aged 5 to 11 years

## BTS, NICE and SIGN guideline on asthma

Take into account and try to address the possible reasons for uncontrolled asthma before starting or adjusting medicines for asthma. For example: alternative diagnoses or comorbidities; suboptimal adherence; suboptimal inhaler technique; active or passive smoking (including e-cigarettes); psychosocial factors; seasonal factors; environmental factors (such as air pollution and indoor mould exposure)

Symptom relief

MART

Maintenance therapy

**Newly diagnosed asthma in children aged 5 to 11 years**

Offer twice-daily paediatric low-dose ICS — With a SABA

If asthma is uncontrolled

Assess ability to manage MART regimen

For guidance on dosages for paediatric low-dose ICS, see inhaled corticosteroid doses for the BTS, NICE and SIGN asthma guideline

### Able to manage MART regimen

Consider paediatric low-dose MART

If asthma is uncontrolled

Consider increasing to paediatric moderate-dose MART

If asthma is uncontrolled

Refer the child to a specialist in asthma care

### Unable to manage MART regimen

Consider adding an LTRA to twice daily paediatric low-dose ICS for a trial period of 8 to 12 weeks. Stop if ineffective or side effects — With a SABA

If asthma is uncontrolled

Offer twice daily paediatric low-dose ICS/LABA combination (with or without an LTRA) — With a SABA

If asthma is uncontrolled

Offer twice daily paediatric moderate-dose ICS/LABA combination (with or without an LTRA) — With a SABA

If asthma is uncontrolled

Refer the child to a specialist in asthma care

**Uncontrolled asthma:** Any exacerbation requiring oral corticosteroids **or** frequent regular symptoms (such as using reliever inhaler 3 or more days a week or night-time waking 1 or more times a week)

**ICS**, inhaled corticosteroid; **LABA**, long-acting beta$_2$ agonist; **LTRA**, leukotriene receptor antagonist; **MART**, maintenance and reliever therapy (using ICS/formoterol combination inhalers); **SABA**, short-acting beta$_2$ agonist.

British Thoracic Society | NICE National Institute for Health and Care Excellence | Healthcare Improvement Scotland SIGN


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## Fundamentals of asthma care

- Assess asthma control with a validated measure such as the asthma control test
- Assess adherence, reliever use and number of exacerbations
- Check inhaler technique and correct errors or change device as appropriate
- Identify and manage co-morbidities, for example rhinitis, GORD, anxiety or obesity
- Ensure every patient has an asthma action plan and knows how to implement it
- Ensure every patient has a GP or nurse review within 48 hours of an exacerbation or hospital admission

## Choice of inhaler

**The best inhaler for a patient is the one they can and will use**

- Match the device type to the patient's inspiratory flow rate
- If the patient can inhale quickly and deeply, prescribe a DPI
- If not, issue a pMDI to be used with a spacer
    - Issue a replacement spacer every 6 to 12 months
- Observe patient inhaling and use placebos, whistle or In-Check device to assess
- Inhalers in each section are formulary choices listed in order of preference considering carbon footprint and acquisition cost
- Always prescribe by brand
- Clicking on inhalers in the lists below will take you to the RightBreathe page including a video showing correct technique
- Where no age limit is given, device is licensed for 5 years and up

## Leukotriene receptor antagonist (LTRA)

| Trial for 8 to 12 weeks, stop if ineffective | |
|---|---|
| Montelukast 4mg chewable tablet (age 5 only) | 1 tablet in the evening |
| Montelukast 5mg chewable tablet (6 years plus) | |

## Short-acting beta-2 agonist (SABA)

| | |
|---|---|
| Ventolin Accuhaler | 1 puff as needed |
| Salamol pMDI | 1 or 2 puff(s) as needed |

## Twice-daily inhaled corticosteroid (ICS)

| | Low dose | Moderate dose |
|---|---|---|
| **Budesonide** | | |
| Easyhaler Budesonide 100 (licensed for 6 years plus) | 1 puff twice daily | 2 puffs twice daily |
| Pulmicort 100/6 Turbohaler | | |
| **Beclometasone via Volumatic spacer** | | |
| Soprobec 50 pMDI | 1 or 2 puff(s) twice daily | 4 puff(s) twice daily |
| Soprobec 100 pMDI | 1 puff twice daily | 2 puffs twice daily |

## Maintenance and reliever therapy (MART)

| | Low dose | Moderate dose |
|---|---|---|
| Symbicort 100/6 Turbohaler (budesonide plus formoterol, licensed for 6 years plus) | 1 puff once or twice daily, PLUS 1 as needed Maximum 4 per day (8 for a limited period) | 2 puffs twice daily, PLUS 1 as needed Maximum 4 per day (8 for a limited period) **Off-label** |

## Twice-daily ICS + LABA

| | Low dose | Moderate dose |
|---|---|---|
| **Budesonide plus formoterol** | | |
| Fobumix Easyhaler 80/4.5 (licensed for 6 years plus) | 1 puff twice daily | 2 puffs twice daily |
| Symbicort 100/6 Turbohaler (licensed for 6 years plus) | | |
| **Fluticasone plus salmeterol via Aerochamber spacer** | | |
| Combisal 25/50 pMDI | 1 puff twice daily | 2 puffs twice daily |