

**Asthma—suspected****Paediatric asthma—diagnosed****Diagnosis and assessment**

Evaluation:  assess symptoms, measure lung function, check inhaler technique and adherence  
 adjust dose  update self-management plan  move up and down as appropriate

Move down to find and maintain lowest controlling therapy

Move up to improve control as needed

Consider monitored initiation of treatment with very low- to low-dose ICS

**Infrequent, short-lived wheeze**

**Regular preventer**

Very low- (paediatric) dose ICS  
(or LTRA <5 years)

**Initial add-on therapy**

Very low- (paediatric) dose ICS  
Plus  
Children  $\geq 5$   
- add inhaled LABA or LTRA  
Children <5  
- add LTRA

**Additional controller therapies**

Consider:  
Increasing ICS to low dose  
or  
Children  $\geq 5$   
- adding LTRA or LABA  
If no response to LABA, consider stopping LABA

**Specialist therapies**

Refer patient for specialist care

Short acting  $\beta_2$ -agonists as required—consider moving up if using three doses a week or more

ICS=inhaled corticosteroids; LTRA=leukotriene receptor antagonists; LABA=long-acting beta agonists