### Assessing Severity and Initiating Therapy in Children Who Are Not Currently Taking Long-Term Control Medication

#### Components of Severity

<table>
<thead>
<tr>
<th>Impairment</th>
<th>Intermittent</th>
<th>Persistent</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptoms</td>
<td>≤2 days/week</td>
<td>&gt;2 days/week but not daily</td>
<td>Daily</td>
</tr>
<tr>
<td>Nighttime awakenings</td>
<td>0</td>
<td>1–2×/month</td>
<td>3–4×/month</td>
</tr>
<tr>
<td>Short-acting β₂-agonist use for symptom control (not prevention of EIB)</td>
<td>≤2 days/week</td>
<td>&gt;2 days/week but not daily</td>
<td>Daily</td>
</tr>
<tr>
<td>Interference with normal activity</td>
<td>None</td>
<td>Minor limitation</td>
<td>Some limitation</td>
</tr>
</tbody>
</table>

#### Risk

- **Exacerbations requiring oral systemic corticosteroids**
  - 0–1/year
  - ≥2 exacerbations in 6 months requiring oral systemic corticosteroids, OR
  - ≥4 wheezing episodes/1 year lasting >1 day AND risk factors for persistent asthma
  - Consider severity and interval since last exacerbation
  - Frequency and severity may fluctuate over time
  - Exacerbations of any severity may occur in patients in any severity category

#### Recommended Step for Initiating Treatment

- **Step 1**: Step 2 and consider short course of oral systemic corticosteroids
- **Step 2**: In 2–6 weeks, depending on severity, evaluate level of asthma control that is achieved. If no clear benefit is observed in 4–6 weeks, consider adjusting therapy or alternative diagnoses.

### Stepwise Approach for Managing Asthma

#### Intermittent Asthma

- **Step 1 Preferred**: SABA PRN*
- **Step 2 Preferred**: Low-dose ICS
- **Alternative**: Cromolyn or Montelukast

#### Persistent Asthma: Daily Medication

- **Step 3 Preferred**: Medium-dose ICS + either LABA or Montelukast
- **Step 4 Preferred**: High-dose ICS + either LABA or Montelukast
- **Step 5 Preferred**: High-dose ICS + either LABA or Montelukast and Oral systemic corticosteroids
- **Step 6 Preferred**: High-dose ICS + either LABA or Montelukast and Oral systemic corticosteroids

#### Quick-Relief Medication for All Patients

- SABA as needed for symptoms. Intensity of treatment depends on severity of symptoms
- With viral respiratory infection: SABA every 4–6hrs up to 24hrs (longer with physician consult). Consider short course of oral systemic corticosteroids if exacerbation is severe or patient has history of previous severe exacerbations
- Caution: Frequent use of SABA may indicate the need to step up treatment. See text for recommendations on initiating daily long-term-control therapy

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(continued)
### Components of Control

<table>
<thead>
<tr>
<th>Impairment</th>
<th>Well Controlled</th>
<th>Not Well Controlled</th>
<th>Very Poorly Controlled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptoms</td>
<td>≤2 days/week</td>
<td>&gt;2 days/week</td>
<td>Throughout the day</td>
</tr>
<tr>
<td>Nighttime awakenings</td>
<td>≤1×/month</td>
<td>&gt;1×/month</td>
<td>&gt;1×/week</td>
</tr>
<tr>
<td>Interference with normal activity</td>
<td>None</td>
<td>Some limitation</td>
<td>Extremely limited</td>
</tr>
<tr>
<td>Short-acting β₂-agonist use for symptom control (not prevention of EIB)</td>
<td>≤2 days/week</td>
<td>&gt;2 days/week</td>
<td>Several times per day</td>
</tr>
</tbody>
</table>

#### Risk

<table>
<thead>
<tr>
<th>Exacerbations requiring oral systemic corticosteroids</th>
<th>0–1/year</th>
<th>2–3/year</th>
<th>&gt;3/year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication side effects can vary in intensity from none to very troublesome and should be considered in the overall assessment of risk.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Recommended Action for Treatment

- Maintain current step
- Regular follow-up every 1–6 months
- Consider step down if well controlled for at least 3 months
- Step up—1 step—and reevaluate in 2–6 weeks
- If no clear benefit in 4–6 weeks, consider alternative diagnoses or adjusting therapy
- For side effects, consider alternative treatment options
- Consider short course of oral systemic corticosteroids
- Step up—1–2 steps—and reevaluate in 2 weeks
- If no clear benefit in 4–6 weeks, consider alternative diagnoses or adjusting therapy
- For side effects, consider alternative treatment options

### NOTES

Key: EIB = exercise-induced bronchospasm; ICS = inhaled corticosteroid; LABA = inhaled long-acting β₂-agonist; SABA = inhaled short-acting β₂-agonist.  

### REFERENCES