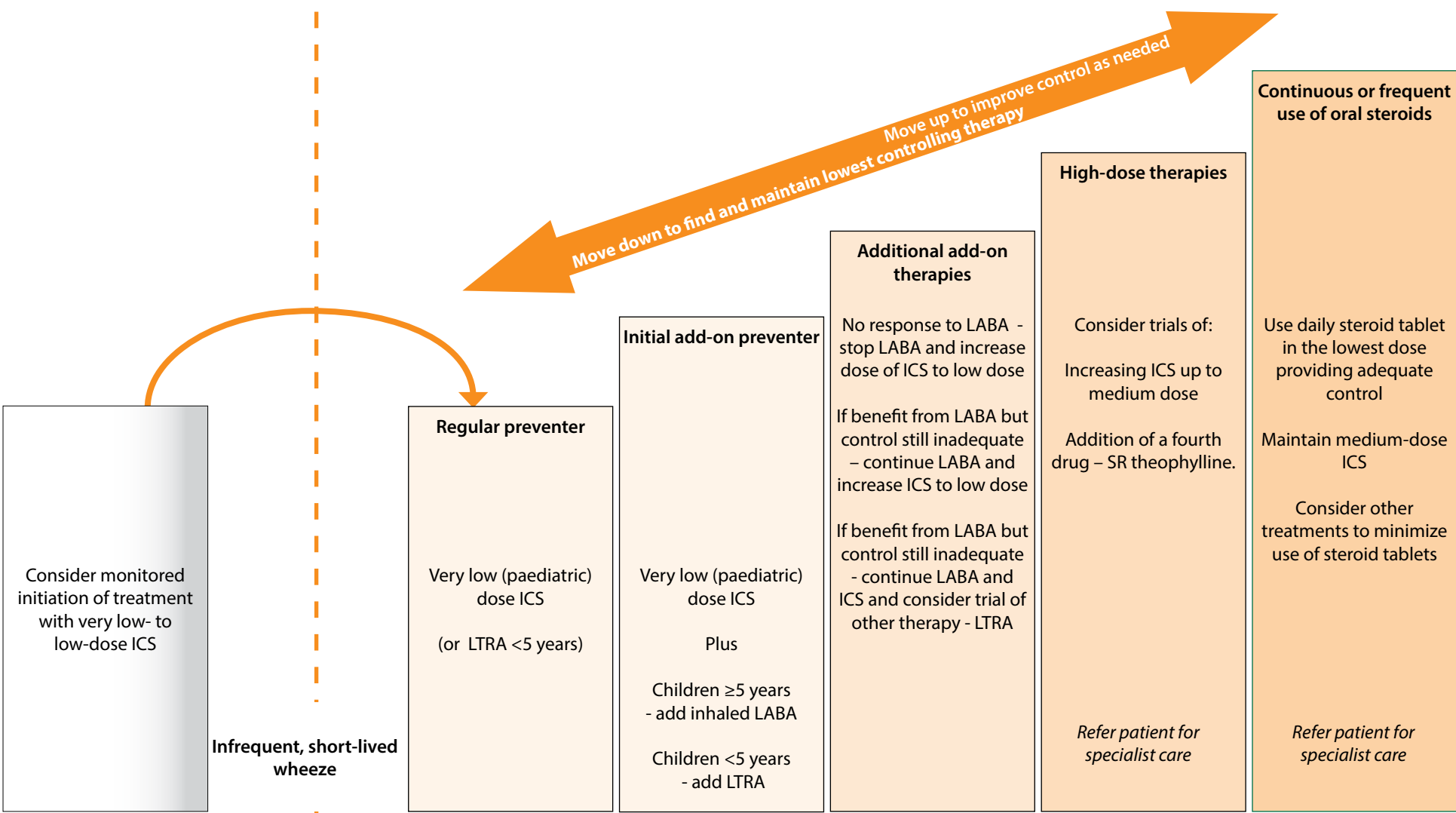


**Asthma - suspected**

**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



**Infrequent, short-lived wheeze**

**Regular preventer**

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

**Initial add-on preventer**

Very low (paediatric) dose ICS  
Plus  
Children ≥5 years - add inhaled LABA  
Children <5 years - add LTRA

**Additional add-on therapies**

No response to LABA - stop LABA and increase dose of ICS to low dose  
If benefit from LABA but control still inadequate - continue LABA and increase ICS to low dose  
If benefit from LABA but control still inadequate - continue LABA and ICS and consider trial of other therapy - LTRA

**High-dose therapies**

Consider trials of:  
Increasing ICS up to medium dose  
Addition of a fourth drug - SR theophylline.

*Refer patient for specialist care*

**Continuous or frequent use of oral steroids**

Use daily steroid tablet in the lowest dose providing adequate control  
Maintain medium-dose ICS  
Consider other treatments to minimize use of steroid tablets

*Refer patient for specialist care*

Short acting β<sub>2</sub> agonists as required - consider moving up if using three doses a week or more