

Recommended action for treatment

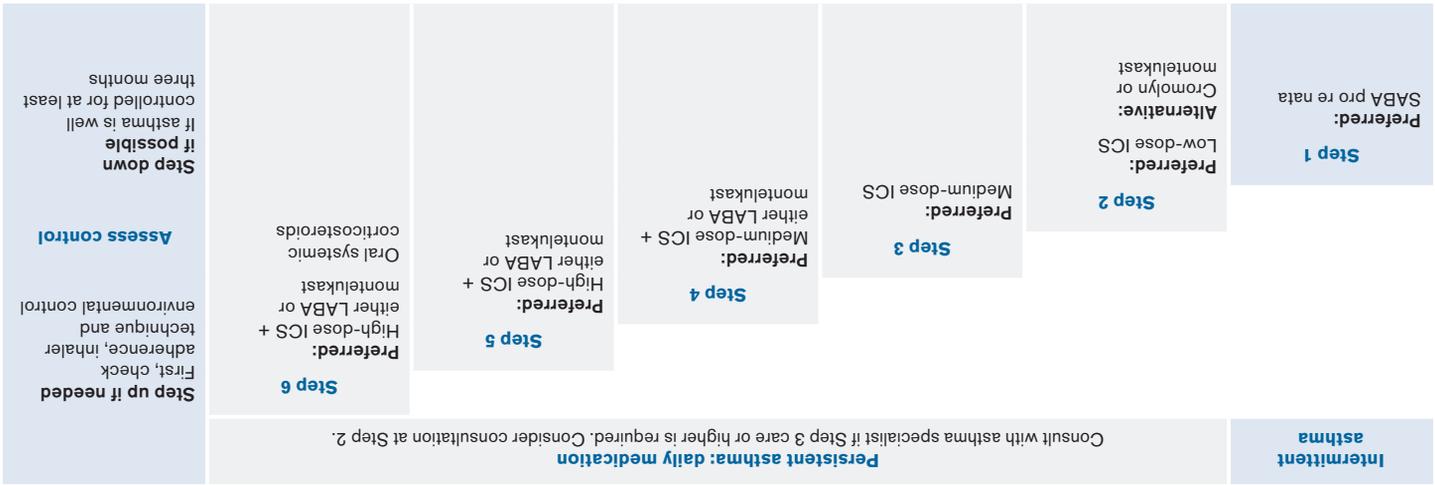
See chart below for treatment steps.

- Maintain current treatment
- Regular follow-ups every one to six months
- Consider step-down if well-controlled for at least three months
- If no clear benefit in four to six weeks, consider alternative diagnosis or adjusting the therapy
- For side effects, consider alternative treatment options
- Consider short course of oral systemic corticosteroids
- Step-up (one to two steps) and reevaluate in two to six weeks
- If no clear benefit in four to six weeks, consider alternative diagnosis or adjusting the therapy
- For side effects, consider alternative treatment options
- Step-up (one to two steps) and reevaluate in two weeks

Notes

- The stepwise approach is meant to assist, not replace, the clinical decision-making required to meet individual patient needs.
- The level of control is based on the most severe impairment or risk category. Assess impairment domain by caregiver's recall of previous two to four weeks. Symptom assessment for longer periods should reflect a global assessment, such as inquiring whether the patient's asthma is better or worse since the last visit.
- At present, there is inadequate data to correspond frequencies of exacerbations with different levels of asthma control. In general, more frequent and intense exacerbations (e.g., requiring urgent, unscheduled

Stepwise approach for managing asthma in children ages birth to 4 years



Key: Alphabetical order is used when more than one treatment option is listed within either preferred or alternative therapy. ICS, inhaled corticosteroid; LABA, inhaled long-acting beta₂-agonist; SABA, inhaled short-acting beta₂-agonist

Notes

- The stepwise approach is meant to assist, not replace, the clinical decision-making required to meet individual patient needs.
- If alternative treatment is used and response is inadequate, discontinue it and use the preferred treatment before stepping up.
- If clear benefit is not observed within four to six weeks and patient/family medication technique and adherence are satisfactory, consider adjusting therapy or alternative diagnosis.
- Studies on children ages birth to 4 are limited. Step 2 preferred therapy is based on Evidence A. All other recommendations are based on expert opinion and extrapolation from studies in older children.

Patient education and environmental control at each step

- SABA as needed for symptoms. Intensity of treatment depends on severity of symptoms.
- With viral respiratory infection: SABA every four to six hours up to 24 hours (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.

Source: www.nhlbi.nih.gov/guidelines/asthma/

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