<table>
<thead>
<tr>
<th>Asthma—suspected</th>
<th>Paediatric asthma—diagnosed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnosis and assessment</strong></td>
<td><strong>Evaluation:</strong></td>
</tr>
<tr>
<td></td>
<td>- assess symptoms, measure lung function, check inhaler technique and adherence</td>
</tr>
<tr>
<td></td>
<td>- adjust dose</td>
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<td></td>
<td>- update self-management plan</td>
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<td>- move up and down as appropriate</td>
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</tbody>
</table>

**Infrequent, short-lived wheeze**
Consider monitored initiation of treatment with very low- to low-dose ICS

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

**Initial add-on therapy**
- Very low- (paediatric) dose ICS
  - Plus
    - Children ≥5
      - add inhaled LABA or LTRA
    - Children <5
      - add LTRA

**Additional controller therapies**
Consider:
- Increasing ICS to low dose
  - or
  - Children ≥5
    - adding LTRA or LABA
- If no response to LABA, consider stopping LABA

**Specialist therapies**
Refer patient for specialist care

Short acting β₂-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