

## Referring Asthma to Secondary Care

### When to Refer

- The diagnosis of asthma is unclear despite peak flow diary and trial of treatment
- Asthma is poorly controlled despite patient on moderate dose of ICS with LABA and/or LTRA
- The patient has received  $\geq 2$  courses of oral corticosteroids for exacerbations in the past year
- The patient has received more than 12 reliever inhalers in a year
- The patient has a life-threatening asthma attack

### Poor Asthma Control

- 3 or more days a week with symptoms; or
- 2 or more days a week with required use of a rescue SABA inhaler for symptomatic relief (outside of planned usage e.g. prior to exercise) ; or
- 1 or more nights a week with awakening due to asthma

| Age Groups           | Low Dose   | Moderate Dose  | High Dose                             |
|----------------------|--|--|---------------------------------------|
| Under 5              | Clenil 100mcg BD<br>Flixotide 50mcg BD   | Clenil 200mcg BD<br>Flixotide 100mcg BD  | REFER                                 |
| 5 - 12 years         | As above<br>Seretide 50/25 evo 1 puff BD<br>Symbicort 100/6 1 puff BD  | As above<br>Seretide 50/25 evo 2 puff BD<br>Symbicort 100/6 2 puff BD<br>Symbicort 200/6 1 puff BD                 | REFER                                 |
| Adults (12 and over) | Clenil 200mcg BD<br>Seretide 50/25 evo 2 puff BD<br>Seretide 100 accuhaler 1 puff BD<br>Symbicort 100/6 2 puff BD<br>Symbicort 200/6 1 puff BD | Clenil 400mcg BD<br>Seretide 125/25 evo 2 puff BD<br>Seretide 250 accuhaler 1 puff BD<br>Symbicort 200/6 2 puff BD | Seek Advice &<br>Guidance or<br>Refer |