



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 ≥ 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 Flixotide 50mcg BD	Clenil 200mcg BD Flixotide 100mcg BD	REFER
5 - 12 years	As above Seretide 50/25 evo 1 puff BD Symbicort 100/6 1 puff BD	As above Seretide 50/25 evo 2 puff BD Symbicort 100/6 2 puff BD Symbicort 200/6 1 puff BD	REFER
Adults (12 and over)	Clenil 200mcg BD Seretide 50/25 evo 2 puff BD Seretide 100 accuhaler 1 puff BD Symbicort 100/6 2 puff BD Symbicort 200/6 1 puff BD	Clenil 400mcg BD Seretide 125/25 evo 2 puff BD Seretide 250 accuhaler 1 puff BD Symbicort 200/6 2 puff BD	Seek Advice & Guidance or Refer

PLEASE NOTE: A spacer should be used with MDI (Volumatic or aero chamber plus)

This guidance was written by Dr Kian Lee Paediatric Consultant Frimley Park Hospital

