### FIGURE 4–2a. CLASSIFYING ASTHMA SEVERITY AND INITIATING TREATMENT IN CHILDREN 0–4 YEARS OF AGE

Assessing severity and initiating therapy in children who are not currently taking long-term control medication

<table>
<thead>
<tr>
<th>Components of Severity</th>
<th>Classification of Asthma Severity (0–4 years of age)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Intermittent</td>
</tr>
<tr>
<td>Impairment</td>
<td></td>
</tr>
<tr>
<td>Symptoms</td>
<td>≤2 days/week</td>
</tr>
<tr>
<td>Nighttime awakenings</td>
<td>0</td>
</tr>
<tr>
<td>Short-acting beta2-agonist use for symptom control (not prevention of EIB)</td>
<td>≤2 days/week</td>
</tr>
<tr>
<td>Interference with normal activity</td>
<td>None</td>
</tr>
<tr>
<td>Risk</td>
<td></td>
</tr>
<tr>
<td>Exacerbations requiring oral systemic corticosteroids</td>
<td>0–1/year</td>
</tr>
</tbody>
</table>

Exacerbations of any severity may occur in patients in any severity category.

#### Recommended Step for Initiating Therapy

(See figure 4–1a for treatment steps.)

<table>
<thead>
<tr>
<th>Step 1</th>
<th>Step 2</th>
<th>Step 3 and consider short course of oral systemic corticosteroids</th>
</tr>
</thead>
<tbody>
<tr>
<td>In 2–6 weeks, depending on severity, evaluate level of asthma control that is achieved. If no clear benefit is observed in 4–6 weeks, consider adjusting therapy or alternative diagnoses.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Key: EIB, exercise-induced bronchospasm

**Notes**

- The stepwise approach is meant to assist, not replace, the clinical decisionmaking required to meet individual patient needs.
- Level of severity is determined by both impairment and risk. Assess impairment domain by patient’s/caregiver’s recall of previous 2–4 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. Assign severity to the most severe category in which any feature occurs.
- At present, there are inadequate data to correspond frequencies of exacerbations with different levels of asthma severity. For treatment purposes, patients who had ≥2 exacerbations requiring oral systemic corticosteroids in the past 6 months, or ≥4 wheezing episodes in the past year, and who have risk factors for persistent asthma may be considered the same as patients who have persistent asthma, even in the absence of impairment levels consistent with persistent asthma.
### FIGURE 4–2b. CLASSIFYING ASTHMA SEVERITY AND INITIATING TREATMENT IN CHILDREN 5–11 YEARS OF AGE

Assessing severity and initiating therapy in children who are not currently taking long-term control medication

<table>
<thead>
<tr>
<th>Components of Severity</th>
<th>Classification of Asthma Severity (5–11 years of age)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Intermittent</td>
<td>Persistent</td>
</tr>
<tr>
<td></td>
<td>≤2 days/week</td>
<td>&gt;2 days/week but not daily</td>
</tr>
<tr>
<td>Nighttime awakenings</td>
<td>≤2x/month</td>
<td>3–4x/month</td>
</tr>
<tr>
<td>Short-acting beta2-agonist use for symptom control (not prevention of EIB)</td>
<td>≤2 days/week</td>
<td>&gt;2 days/week but not daily</td>
</tr>
<tr>
<td>Interference with normal activity</td>
<td>None</td>
<td>Minor limitation</td>
</tr>
<tr>
<td>Lung function</td>
<td>• Normal FEV1 between exacerbations</td>
<td>• FEV1 = &gt;80% predicted</td>
</tr>
<tr>
<td></td>
<td>• FEV1 &gt;80% predicted</td>
<td>• FEV1/FVC &gt;80%</td>
</tr>
</tbody>
</table>

#### Risk

- Exacerbations requiring oral systemic corticosteroids
  - 0–1/year (see note) → ≥2/year (see note)
  - Consider severity and interval since last exacerbation.
  - Frequency and severity may fluctuate over time for patients in any severity category.
  - Relative annual risk of exacerbations may be related to FEV1.

#### Recommended Step for Initiating Therapy

(See figure 4–1b for treatment steps.)

- Step 1
- Step 2
- Step 3, medium-dose ICS option and consider short course of oral systemic corticosteroids
- Step 3, medium-dose ICS option, or step 4

In 2–6 weeks, evaluate level of asthma control that is achieved, and adjust therapy accordingly.

**Key:** EIB, exercise-induced bronchospasm; FEV1, forced expiratory volume in 1 second; FVC, forced vital capacity; ICS, inhaled corticosteroids

**Notes**

- The stepwise approach is meant to assist, not replace, the clinical decisionmaking required to meet individual patient needs.
- Level of severity is determined by both impairment and risk. Assess impairment domain by patient's/caregiver's recall of the previous 2–4 weeks and spirometry. Assign severity to the most severe category in which any feature occurs.
- At present, there are inadequate data to correspond frequencies of exacerbations with different levels of asthma severity. In general, more frequent and intense exacerbations (e.g., requiring urgent, unscheduled care, hospitalization, or ICU admission) indicate greater underlying disease severity. For treatment purposes, patients who had ≥2 exacerbations requiring oral systemic corticosteroids in the past year may be considered the same as patients who have persistent asthma, even in the absence of impairment levels consistent with persistent asthma.