



Managing worsening asthma symptoms in children 6–11 years

See also



Initial asthma treatment after diagnosis of asthma in children 6–11 years



Managing acute asthma in children 6–11 years in primary care



Definition and classification of asthma exacerbations



Recommendation

Manage worsening asthma symptoms in children 6–11 years with salbutamol as needed, with prompt escalation to acute care when needed.

Provide clear instructions to parents/carers about salbutamol doses when symptoms do not rapidly resolve or recur within hours.

Educate parents on how to recognise an asthma emergency.

Ensure the child's asthma action plan is kept up to date.

Sources & rationale

Recommendation type: Consensus recommendation

Notes

Information on assessing and managing acute asthma in [primary care](#) or [emergency departments](#)



Recommendation

Advise parents/carers that the child should keep taking the same dose of their daily maintenance treatment during episodes of worsening asthma.

Sources & rationale

Recommendation type: Consensus recommendation



Recommendation

Do not prescribe short-term high-dose ICS treatment to manage worsening asthma symptoms in children.

For children not taking regular ICS treatment (ICS or ICS-LABA), do not prescribe short-term high-dose ICS to manage worsening asthma symptoms or as part of a written asthma action plan.

For children treated with maintenance low-dose ICS, do not prescribe short-term high-dose ICS to manage worsening asthma symptoms or as part of a written asthma action plan.

Sources & rationale

Recommendation type: Consensus recommendation

Short-term increases in ICS dose, including the use of high doses given at the onset of increasing asthma symptoms, are not effective for preventing exacerbations necessitating treatment with systemic corticosteroids in children aged 6–11 years.

[[Jackson 2018](#)]

Limited (low-quality) evidence from clinical trials suggests that short courses of high-dose ICS is well tolerated in children younger than 6 years. [[Fernandes 2019](#)]

References

Jackson DJ, Bacharier LB, Mauger DT, et al. Quintupling inhaled glucocorticoids to prevent childhood asthma exacerbations. *N Engl J Med* 2018; 378: 891-901.

Fernandes RM, Wingert A, Vandermeer B, et al. Safety of corticosteroids in young children with acute respiratory conditions: a systematic review and meta-analysis. *BMJ Open* 2019; 9: e028511.

Notes

Some action plan templates reflect the recommendation of some guidelines to increase ICS dose at the onset of worsening symptoms.



Recommendation

Consider a short course of oral corticosteroids to manage asthma exacerbations.

If SABA reliever is needed again within 4 hours, or symptoms are recurring or worsening over a day, consider prescribing a short course of systemic corticosteroids: 1 mg/kg prednisone/prednisolone (maximum 50 mg) each morning for up to 3 days.

Advise parents about common side-effects, including sleep disturbance, increased appetite, reflux, and mood changes.



Alert

Systemic corticosteroids should be avoided except when necessary to manage clinically significant exacerbations

Sources & rationale

Recommendation type: Adapted from GINA

References

Global Initiative for Asthma (GINA). Global Strategy for Asthma Management and Prevention, 2025. Available from: www.ginasthma.org

Notes

To discourage overuse, prescribers should avoid supplying parents with more prednisone/prednisolone than needed for the course. Prescribers may write PBS scripts for less than the maximum quantity and number of repeats permitted if a lesser quantity is sufficient for the patient's requirements.



Recommendation

Do not routinely recommend parent-initiated courses of oral corticosteroids in primary care.

For children aged 6–11 years, do not routinely instruct parents/carers to start a course of oral corticosteroids at their own discretion.

Do not routinely prescribe or recommend oral corticosteroids to be started at home as part of the child's written asthma action plan.

When writing scripts for oral corticosteroids, do not allow repeats.



Alert

Systemic corticosteroids should be avoided except when necessary to manage clinically significant exacerbations

Sources & rationale

Recommendation type: Consensus recommendation

Resources

Victoria: [Victorian Virtual Emergency Department](#)

NSW: virtualKIDS Urgent Care Service via Healthdirect 1800 022 222

Queensland: [Virtual Emergency Care Service - Queensland Virtual Hospital](#)

Notes

Prescribers should avoid supplying parents with more prednisone/prednisolone than needed for the course. Prescribers may write PBS scripts for less than the maximum quantity and number of repeats permitted if a lesser quantity is sufficient for the patient's requirements.

Instruct parents to contact a health professional before starting a course of oral corticosteroid for their child. If the child's GP or usual asthma clinician is unavailable, parents should contact the online or phone urgent care service in their state or territory.

Some asthma action plan templates include a checkbox for oral corticosteroid with typical dosing instructions. Strike out these instructions to avoid misunderstanding.

For children with severe asthma managed in specialist care, clinicians might instruct parents when to start oral corticosteroids.

Consideration

In regions where there are significant delays to acute care, consider providing a short course of oral corticosteroids to be initiated by parents only after instructed by a health professional, if indicated.

Provide clear instructions on the child's written asthma action plan on who to call for advice before starting.

Instruct parents to report if oral corticosteroids are used.

When writing scripts for oral corticosteroids, do not allow repeats.



Alert

Systemic corticosteroids should be avoided except when necessary to manage clinically significant exacerbations

Sources & rationale

Consensus recommendation

Practice point

Educate parents on appropriate use of oral corticosteroids and discourage overuse. If a child has been prescribed prednisone/prednisolone tablets or liquid during a severe asthma exacerbation, explain that this medicine should not be used after the course is completed, unless instructed by a doctor or nurse.



Practice point

Consider writing a PBS script for the precise number of tablets needed for one course, with no repeats.