Consensus guide: Implementing the 2024 asthma guidelines in all healthcare settings, including unplanned care.

Introduction

People with asthma may seek care in any setting, including unplanned care, which includes acute and urgent care, out of hours, emergency departments, paramedics etc. This document offers practical guidance on delivering evidence-based asthma care, particularly when it takes place in these settings. It focuses on the management of asthma in adults and young people aged 12 and over.

It is essential that any clinician providing asthma care is aware of recent changes to national guidance, and feels supported and able to implement them. The changes are outlined in this document.

For more information on diagnostic and treatment pathways for all ages, care of children under 12 years old, and recommendations on stepping treatment up or down for those already on asthma medication, please refer to the PCRS First Steps to Implement the new BTS/NICE/SIGN Asthma Guideline.

Asthma care has changed

The 2024 BTS/NICE/SIGN guideline [1] marks a major shift in asthma management. It emphasises that every patient, whether newly diagnosed, under investigation, or previously undertreated **MUST** have access to the *right treatment from the very first point of contact*, including in **unplanned care settings.**

From September 2025 certain inhaled corticosteroid (ICS)-formoterol inhalers were licensed for children of 6-years of age and older. Please see the PCRS summary on this for more information:

New BTS/NICE/SIGN asthma guideline 2024

First steps to implement the guidance

PCRS

Introduction

This is a high-level summary of what the new BTS/NICE/SIGN Asthma: diagnosis monitoring and chronic asthma management guideline means for you as a primary healthcare professional and what steps you need to take to implement it effectively. The full guideline is available here.

This document is a distillation of the new guidance to provide distinct advice on the changes on the diagnosis and management to asthma. It is not intended to be a comprehensive guide of the new guideline, neither does it cover all non-pharmacological treatments or on-going monitoring. We recommend you use the links to resources provided throughout to obtain more detailed information and guidance.

It focuses on the following aspects of the patient journey for both adults and children and young people:

Diagnosis of asthma	Treatment of asthma	Management and treatment of asthma	Management and treatment of asthma	Monitoring and self-management
In newly diagnosed patients		*In adults and CYP (5+) with an existing diagnosis*	*In children under 5*	*In all patients*

Monitoring and self-management for all patients

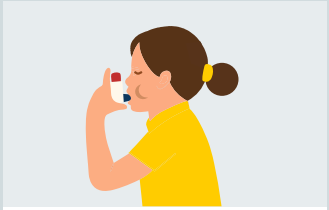
All adults, young people and children with diagnosed or suspected asthma must have:

- An **asthma action plan** which includes treatment regime, triggers, warning signs and who to contact when they need help.
- Regular (at least annual) **asthma reviews*** which are conducted by appropriately trained healthcare professionals. At these:
  - Consider using age-appropriate validated tools e.g **Asthma Control Test (ACT)**
  - Confirm adherence to prescribed treatment and review **inhaler technique**
  - Identify any risk associated with short-acting beta-agonist **(SABA) overuse**
  - A review/update of their asthma action plan
- A review of **smoking**/vaping status, and referral to smoking cessation if appropriate
- Access to **education** and self-management programmes/information. This includes working alongside schools and community workers to ensure support in all settings.

**Use proactive alerts to ensure routine reviews of asthma, involve the multidisciplinary team in asthma care and optimise the use of telephone, email and IT to support asthma management.*

Implementation in unplanned care settings means:

Recognising asthma presentations early - even when diagnostic testing is not yet complete.



Starting inhaled corticosteroid (ICS)/ formoterol treatment promptly - to address airway inflammation.

Providing safety-netting and follow - up - ensuring patients are reviewed in primary care or by a healthcare professional trained in asthma management (see page 3 'Onward Referral')

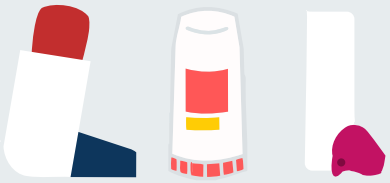
Supporting long-term control with inhaler technique checks and a personalised asthma action plan.

Attention! – be mindful not to inadvertently step down the patients already established on an ICS when switching to AIR or MART therapy unless it is agreed appropriate as part of a considered medication review. For example, patients on a high dose ICS containing inhaler or a triple therapy inhaler (ICS/LABA/LAMA).[3] Any concerns patients have about steroids should also be explored. See the BTS/NICE/SIGN asthma guideline on ICS doses for more information:

This approach ensures that asthma care is safe, equitable, and aligned with current best practice:

Asthma treatment/inhaler should be based on individual patient criteria and part of a shared decision-making process with the patient.

The NICE/BTS/SIGN asthma guideline[1] now recommends short-acting beta 2 agonist (SABA) free pathways to reduce the risks associated with SABA overuse.



SABA free regimens include anti-inflammatory reliever (AIR) and maintenance and reliever therapy (MART) which use a combination of inhaled corticosteroid (ICS) and formoterol.

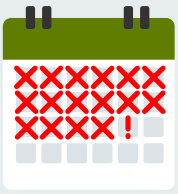
Only certain ICS/formoterol inhalers are licensed for AIR reliever therapy.

See the RightBreathe site for more information on inhaler licensing scan here:

Treating suspected, new and undertreated asthma

Consider and address possible factors contributing to symptoms. This includes:

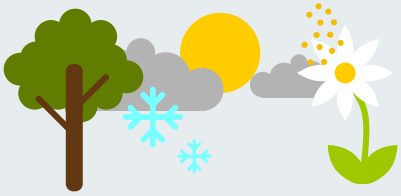
Alternative diagnoses or comorbidities.



Suboptimal inhaler adherence and/ or inhaler technique.

Smoking.

Psychosocial factors.



Seasonal factors.

Environmental factors e.g. air pollution, indoor mould exposure.

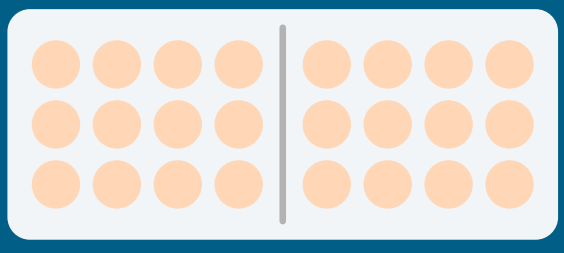
Management with separate preventer & salbutamol (blue) reliever inhalers is no longer recommended.

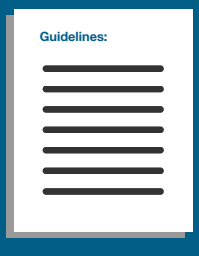
Most importantly, a SABA (blue) inhaler should never be prescribed alone. In April 2025, the Medicines and Healthcare products Regulatory Agency (MHRA)[2] issued a warning to healthcare professionals and patients reminding of the risks of SABA overuse. It also highlighted the need for healthcare professionals to be aware of the NICE/BTS/SIGN asthma guidelines.

Instead, offer a low-dose ICS/formoterol combination inhaler to be taken as needed (AIR therapy) or if asthma is uncontrolled (highly symptomatic or if there are severe exacerbations) offer low-dose MART

Uncontrolled asthma: Any exacerbation requiring oral corticosteroids **or** frequent regular symptoms (such as using reliever inhaler 3 or more days a week or night-time waking 1 or more times a week)

In patients presenting with acute symptoms, ensure any acute exacerbation of asthma is treated as per usual guidelines.



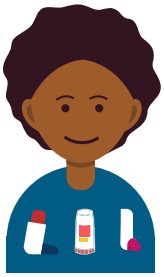


- Review the patient's current treatment regimen (if they have one) and discuss with them what changes are potentially needed. If they are not on any asthma medication, talk to them about what is available and what might work best for them (be mindful not to inadvertently step down ICS)

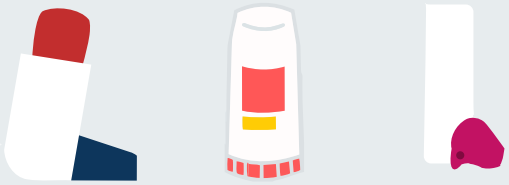
- Start AIR if there is a clinical history of asthma.

- If asthma is uncontrolled (exacerbations requiring oral steroids or frequent, regular symptoms), offer low-dose MART, rather than AIR alone.

- **Start treatment promptly and sure the patient understands and can use their inhaler correctly.**



Shared decision making that reflects the patient's wishes on treatment and encourages self-management with an asthma action plan (see PCRS resources at the end of this document) results in more effective asthma management.



Reinforce/educate that asthma is an inflammatory disease with ICS central to disease management. The combined ICS/formoterol inhaler ensures ICS is never missed.

Discuss any potential lifestyle changes and provide trigger avoidance advice.

Onward referral[4]

Ensure those presenting with acute asthma exacerbation have a clinical review with a healthcare professional trained in asthma management scheduled within 4 weeks. Check what your local pathway is.

Ensure all clinical presentation, treatment and investigation results are communicated to the patient's GP practice. Highlight any CHANGE to inhaler management and plan for follow up.

Ensure appropriate referral for specialist review (suspected severe asthma) e.g.
- Patients on **high-dose ICS/LABA** (with or without extra controllers) who have needed **2+ courses of oral steroids in the past year.**
- Patients on **moderate-dose MART** with evidence of **Type 2 inflammation** (blood eosinophils ≥0.3 × 10⁹/L, or FeNO ≥50ppb in adults / ≥35ppb in ages 12–17) and who have needed **2+ courses of oral steroids in the past year.**
- Patients on **moderate-dose MART** without Type 2 inflammation, but already taking **LTRA + LAMA**, and who have needed **2+ courses of oral steroids in the past year.**

Depending on your area of practice, it may be appropriate for you to complete this referral. Otherwise a referral should be recommended in communication to the GP.

LABA = long-acting beta-2-agonist, LAMA = long-acting muscarinic antagonist, LTRA = leukotriene receptor antagonist

PCRS resources

PCRS AIR and MART asthma action plans and top tips articles:

- AIR asthma action plan: **https://shorturl.at/2lgkn**
- MART asthma action plan: **https://shorturl.at/vsPTB**
- Allowing more AIR in asthma care: **https://shorturl.at/DnQo9**
- MART top tips article: **https://shorturl.at/634n6**

Tailoring Inhaler devices:

- **https://shorturl.at/yiQJj**

A PCRS summary: The new MART license for children aged 6-11:

- **https://shorturl.at/UA0Yd**

Supporting people with asthma in the 21st century: Animations:

- Ensuring optimal treatment for asthma management: **https://shorturl.at/BiNHw**
- Maintaining effective asthma treatment: **https://shorturl.at/VLdoh**

On-demand webinars:

- Implementing AIR & MART in children (6+), young people & adults: **https://shorturl.at/lrjk9**

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[1] BTS/NICE/SIGN asthma guideline. Asthma: diagnosis, monitoring and chronic asthma management. NG245. November 2024. **https://shorturl.at/lPMyG** Accessed October 2025.

[2] Medicines and Healthcare products Regulatory Agency. Short-acting beta 2 agonists (SABA) (salbutamol and terbutaline): reminder of the risks from overuse in asthma and to be aware of changes in the SABA prescribing guidelines. April 2025. **https://shorturl.at/0oDxw** Accessed October 2025.

[3] BTS/NICE/SIGN. Inhaled corticosteroid doses for the BTS, NICE and SIGN asthma guideline. **https://shorturl.at/Kjn3l** Accessed October 2025.

[4] British Thoracic Society (BTS). The Asthma 4: a new asthma attack care bundle. **https://shorturl.at/XEhG8** Accessed October 2025.