Presentation with respiratory symptoms: wheeze, cough, breathlessness, chest tightness\(^{(A)}\)

Structured clinical assessment (from history and examination of previous medical records)

- recurrent episodes of symptoms
- symptom variability
- absence of symptoms of alternative diagnosis

Look for:
- recorded observation of wheeze
- personal history of atopy
- historical record of variable PEF or FEV\(_1\)

High probability of asthma

Code as: suspected asthma

Initiation of treatment

Assess response objectively

(lung function/ validated symptom score)

- Poor response

Assess response objectively

(lung function/ validated symptom score)

- Good response

Asthma

- Adjust maintenance dose
- Provide self-management advice
- Arrange on-going review

Intermediate probability of asthma

Test for airway obstruction

spirometry + bronchodilator reversibility

- Test for variability:
  - reversibility
  - PEF charting
  - challenge tests

- Test for eosinophilic inflammation or atopy:
  - FeNO
  - blood eosinophils
  - skin-prick test, IgE

Low probability of asthma

Other diagnosis unlikely

Investigate/treat for other more likely diagnosis

Other diagnosis confirmed

Suspected asthma:

- Watchful waiting (if asymptomatic)
- or
- Commence treatment and assess response objectively

- Poor response

\(^{(A)}\) In those unable to undertake spirometry in whom there is a high or intermediate probability of asthma, the options are monitored initiation of treatment or watchful waiting according to the assessed probability of asthma.

PEF=peak expiratory flow; FEV\(_1\)=forced expiratory volume in one second; FeNO=fractional exhaled nitric oxide concentration; IgE=immunoglobulin E.