Presentation with respiratory symptoms: wheeze, cough, breathlessness, chest tightness

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

- Recurrent episodes of symptoms
- Symptom variability
- Absence of symptoms of alternative diagnosis
- Recorded observation of wheeze
- Personal history of atopy
- Historical record of variable PEF or FEV₁

High probability of asthma

Code as: suspected asthma

Initiation of treatment

Assess response objectively (lung function/validated symptom score)

- PEF charting
- Challenge tests

Good response

- Asthma
  - Adjust maintenance dose
  - Provide self-management advice
  - Arrange ongoing review

Intermediate probability of asthma

Test for airway obstruction

spirometry + bronchodilator reversibility

- Reversibility
- PEF charting
- Challenge tests

Suspected asthma:

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

Low probability of asthma

Other diagnosis unlikely

- Other diagnosis confirmed
  - Investigate/treat for other more likely diagnosis

Poor response

PEF=peak expiratory flow; FEV₁=forced expiratory volume in one second; FeNO=fractional exhaled nitric oxide concentration; IgE=immunoglobulin E.

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.