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

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

Look for:
- 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 FEV\(_1\)

High probability of asthma

Code as: suspected asthma

Initiation of treatment

Assess response objectively (lung function/validated symptom score)

Low probability of asthma

Intermediate probability of asthma

Test for airway obstruction

spirometry + bronchodilator reversibility

Poor response

Suspected asthma:

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

Assess response objectively (lung function/validated symptom score)

Options for investigations are:

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

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

Good response

Asthma

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

Good response

Suspected asthma confirmed

Investigate/treat for other more likely diagnosis

Other diagnosis unlikely

Other diagnosis confirmed

In children under 5 years and others 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