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

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 FEV₁

High probability of asthma

- Code as: suspected asthma
- Initiation of treatment
- Assess response objectively (lung function/validated symptom score)

Intermediate probability of asthma

- Test for airway obstruction: spirometry + bronchodilator reversibility

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

Good response

Asthma

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

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

- 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.