

Presentation with respiratory symptoms: wheeze, cough, breathlessness, chest tightness¹

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

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

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

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

Poor
response

**Low probability of
asthma**

Other diagnosis
unlikely

Investigate/treat for
other more likely
diagnosis

**Other diagnosis
confirmed**

¹ 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.