

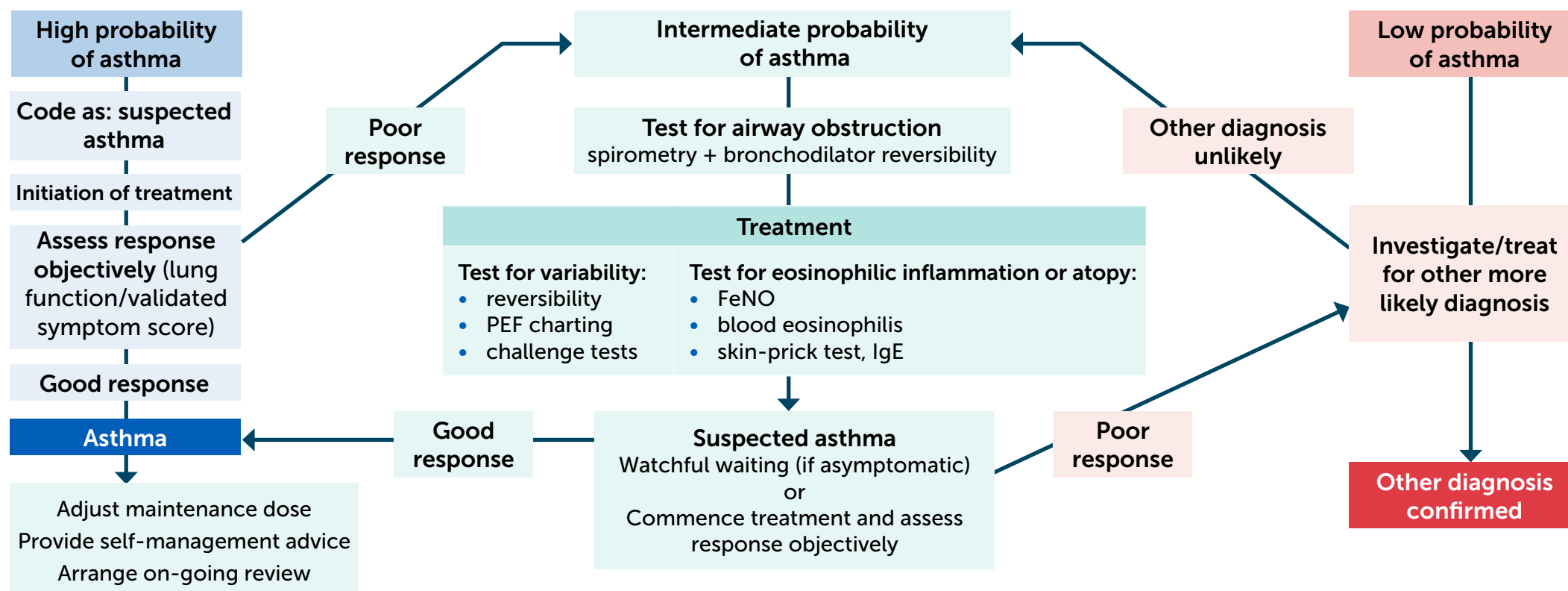
Asthma Diagnosis in Primary Care for Children and Young People

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



Consider co-morbidities

- Obesity
- Allergies
- Gastro-esophageal reflux
- Mental illness
- Environmental pollution



RED FLAGS

- Symptoms since birth
- Failure to thrive
- Perinatal lung disease
- Excessive vomiting
- Inspiratory Stridor
- Severe URTI
- Persistent productive wet cough
- Family history of unusual chest disease
- Nasal Polyps
- Finger clubbing
- Failure to respond to treatment trial



Referral to secondary care

- Any red flags
- Diagnosis uncertain
- Poor response to treatment
- Significant care giver anxiety
- Severe/life threatening attack
- Abnormal clinical findings (stridor, focal chest signs, dysphagia)



¹In 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.

Suspected asthma (code as suspected asthma)

Asthma Probability Assessment		YES	NO
Is there a history of recurrent episodes of cough, wheeze, chest tightness, shortness of breath?			
Is there a history of symptom variation?			
Is there an absence of symptoms suggesting alternative diagnosis?			
Is there any recorded clinical observation of wheeze?			
Is there any personal or family history of atopy?			
Is there any evidence of variation in PEF/FEV ₁ or reversibility in children 5 years or above?			
Asthma Probability Score		YES	NO
Score 6/6	High Probability		
Score 1-5/6	Intermediate Probability		
Score 0/6	Low Probability		
High probability and intermediate probability code as suspected asthma			

	Baseline	Treatment	Teach	Information Resources	Review
< 5 years	CACT (4yrs onwards)	Initiate treatment appropriate to severity Under 12 years guidelines	Inhaler technique	Respiratory symptom diary Personal Asthma Action Plan Count it out	6-8 weeks Repeat • CACT Check • Symptom diary • Inhaler technique • Prescription update
> 5 years	CACT (4 to 11 years) or ACT (12 years and above) Lung function tests • Peak Flow • Spirometry • FeNO • Reversibility Testing NICE algorithm	Initiate treatment appropriate to severity Under 12 years guidelines 12-17 years guidelines	Inhaler technique Peak flow	Respiratory symptom diary Personal Asthma Action Plan Peak flow diary (monitor over period of treatment trial) Count it out	6-8 weeks Repeat • CACT or ACT • Lung Function tests Check • Symptom diary • Inhaler technique • Prescription update