Algorithm A Initial clinical assessment for adults, young people and children with suspected asthma

1. Take a structured clinical history. Specifically check for:
   - wheeze, cough or breathlessness, and any daily or seasonal variation in these symptoms
   - any triggers that make symptoms worse
   - a personal or family history of atopic disorders

2. Examine people with suspected asthma to identify expiratory polyphonic wheeze and signs of other causes of respiratory symptoms, but be aware that even if examination results are normal the person may still have asthma.

3. Treat people immediately and perform objective tests if the equipment is available and testing will not compromise treatment.

4. If objective tests cannot be done immediately, carry them out when acute symptoms have been controlled and advise patients to contact their healthcare professional immediately if they become unwell while waiting to have objective tests.

5. Be aware that the results of spirometry and FeNO tests may be affected by treatment with inhaled corticosteroids.

6. Do not offer the following as diagnostic tests for asthma:
   - skin prick tests to aeroallergens
   - serum total and specific IgE
   - peripheral blood eosinophil count
   - exercise challenge (to adults aged 17 and over)

7. Use skin prick tests to aeroallergens or specific IgE tests to identify triggers after a formal diagnosis of asthma has been made.

Additional notes:
- Do not use symptoms alone without an objective test to diagnose asthma.
- Do not use a history of atopic disorders alone to diagnose asthma.

This algorithm is based on recommendations from NICE’s guideline on asthma: diagnosis, monitoring and chronic asthma management (2017).

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