



**DIAGNOSIS of aSTHMA IN A child WHO IS TOO YOUNG TO RECORD PEAK FLOW MEASUREMENTS**

**Context:**

This template should be used for the pre-school child in whom a diagnosis of asthma is being considered

**Detailed Review**:

* **Record the presence of cough, wheeze** (heard by whom?) and breathlessness
* What do parents mean by wheeze? Whistling, rattling, upper airway sound
* Has a Doctor hear wheeze?
* Did wheeze respond to any treatment?
* **Symptom pattern** (episodic viral wheeze [EVW] versus multiple trigger wheeze [MTW]). Note that symptom patterns may change over time and they should be re-assessed regularly
* EVW – child ONLY wheezes with viral colds
* True EVW rarely responds to prophylactic inhaled steroids (ICS), but a trial (see below for details) of ICS is indicated if (a) it is felt that symptoms between colds are being under-reported; (b) if there is a strong family or personal history of atopy; and (c) if the child has > one attack in six months necessitating the prescription of oral corticosteroids
* MTW – defined by answering the question ‘Does your child have significant wheeze and breathlessness even when s/he does not have a cold’
* MTW in the pre-school age child is likely to be equivalent to asthma, and pragmatically this diagnosis should be applied
* The relationship between EVW and atopic eosinophilic asthma is unclear; whether the asthma label should be used depends on whether the asthma diagnostic label automatically leads to a prescription of ICS
* **Other atopic disease recorded**
* **Family history of asthma and other atopic conditions**
* **Accurate identification of triggers recorded**
* **Has there been a follow up visit to assess the response to any trial of therapy**
* No apparent response – consider referral to secondary care
* Apparent response – since this could be spontaneous, stop treatment and re-review
* If symptoms recur and again respond to treatment, then wean to lowest dose and apply the diagnostic label ‘asthma’