Table 1

Criteria for referral to secondary care

Diagnostic uncertainty or atypical features

Clinical findings: Crepitations, inspiratory or monomorphic wheeze, clubbing, persistent breathlessness, copious sputum production. Rapidly progressive course; significant extra-pulmonary/systemic symptoms

Investigations: Chest X-ray changes, restrictive spirometry, marked or persistent eosinophilia

Coexisting conditions complicating asthma control: Overlapping COPD; vocal cord dysfunction; bronchiectasis; nasal polyposis. Pregnancy if associated with deteriorating control or significant problems during previous gestational periods

Possibility of hypersensitivity to inhaled material

Including cases of suspected: Hypersensitivity pneumonitis; occupational asthma; work-aggravated asthma; reactive airways dysfunction syndrome (that follows a single high-volume exposure to an irritant)

Treatment and exacerbations

Need for high-dose ICS to control symptoms: Refer patients at any stage of treatment in the following circumstances:

- More than two courses of systemic corticosteroids/year required
- Presentation to emergency care providers more than once in the past 12 months
- Following any asthma-related hospital admission

Patients who have suffered even a single life-threatening asthma attack at any point in the past should be under specialist supervision