Diagnose asthma and define severity. Obtain PFTs. Methacholine challenge, if diagnosis in doubt.

Initiate treatment with inhaled corticosteroid for control and β₂-agonist for relief AND confirm adherence.

If asthma control poor (ACT<19), consider adding another agent, e.g. anti-leukotriene drug, long-acting β₂-agonist, omalizumab AND confirm adherence.

If asthma control remains poor (ACT<19), consider confounding conditions or other diagnosis, e.g. nasal polyposis, chronic sinusitis, GERD, vocal cord dysfunction, CHF, and paradoxical β₂-agonist response.

Refer to Asthmatologist if control not achieved in 2 to 3 months
2) Allergist (? allergic rhinitis, ? immunotherapy, ? Churg-Strauss)
3) Internist/Family Practitioner with asthma experience or Gastroenterologist (? GERD, ? CHF)
4) Otolaryngologist (? chronic sinusitis, ? vocal cord dysfunction)

*ACT = Asthma Control Test