



ATS/ERS Clinical Guidelines Summary For Interpreting FeNO levels

Measuring airway inflammation with NObreath[®] can help monitor the effectiveness of medication and can be used to predict the risk of Asthma attacks^{1*}.

Aid in diagnosis using the NObreath[®] FeNO device

FeNO (ppb) Levels	LOW < 25 ppb (< 20 ppb in children)	INTERMEDIATE 25-50 ppb (20-35ppb in children)	HIGH > 50 ppb (> 35 ppb in children) or rise in FeNO of > 40% from previously stable levels
Symptomatic (chronic cough and/ or wheeze and/or shortness of breath during past 6 weeks)	Eosinophilic airway inflammation unlikely Alternative diagnosis Unlikely to benefit from ICS	Be cautious Evaluate clinical context Monitor change in FeNO over time	Eosinophilic airway inflammation present Likely to benefit from ICS

Alternative considerations (if Allergic Asthma has been dismissed)²

- Non-Allergic Asthma
- Chronic cough
- Vocal Cord Dysfunction
- GERD

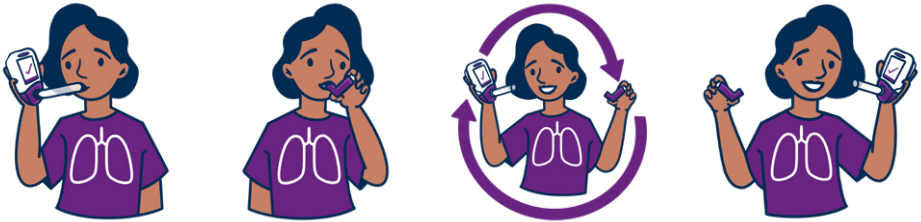
Monitoring (in patients with diagnosed asthma) using the NObreath[®] FeNO device

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Symptomatic (chronic cough and/ or wheeze and/ or shortness of breath during past 6 weeks)	Possible alternative diagnosis. Unlikely to benefit from increase in ICS	Persistent allergen exposure Inadequate ICS dose Poor adherence Steroid resistance	Persistent allergen exposure Poor adherence or inhaler technique Inadequate ICS dose Risk of Exacerbation
Symptoms Absent	Adequate ICS dose Good adherence ICS taper	Adequate ICS dosing Good adherence Monitor Change in FeNO	Steroid resistance ICS withdrawal or dose reduction may result in relapse

Treatment Planning

FeNO testing with the NObreath® couldn't be easier:

Test, Treat, Repeat™



Regular FeNO measurements indicate levels of airway inflammation, which can help Healthcare Professionals personalise treatment plans for patients, by helping titrate ICS dosing and evaluate patient adherence to treatment.

NICE/BTS/SIGN Guidelines for interpreting FeNO levels³

The National Institute for Health and Care Excellence (NICE), the British Thoracic Society (BTS), and the Scottish Intercollegiate Guidelines Network (SIGN) updated and published a joint guideline on asthma diagnosis, monitoring, and chronic asthma management.

Diagnosis	
Adults	Children
> 50 ppb or higher	> 35 ppb or higher
<ul style="list-style-type: none">• FeNO testing recommended first-line testing in asthma diagnosis for adults and children.• If the first test is diagnostic further diagnostic testing is not required.	
Management	
<ul style="list-style-type: none">• FeNO testing has been acknowledged as a tool in asthma management.• Aids to inform healthcare professionals when changing or adjusting asthma therapy.• Recommending FeNO use for asthma monitoring in adults.	

NOTE: This interpretation chart is based on both UK joint guidance from NICE, BTS, and SIGN and ATS/ERS guidance. Alternative guidelines may exist; please refer to your local or national guidance when interpreting FeNO results.

www.nobreathfeno.com

References

1. J. Saito et al, European Respiratory Journal; Domiciliary diurnal variation of fractional exhaled nitric oxide for asthma control. August 15 2013, v.43, iss.4, pp 474-484.
2. R Dweik et al, Respiratory and Critical Care Medicine; An Official ATS Clinical Practice Guideline: Interpretation of Exhaled Nitric Oxide Levels (FeNO) for Clinical Applications. September 1 2011, v.184, iss.5, pp 602-615.
3. Asthma: diagnosis, monitoring and chronic asthma management (BTS, NICE, SIGN) [Internet]. National Institute for Health and Care Excellence. 2024. Available from: <https://www.nice.org.uk/guidance/ng245>.

*FeNO is not a definitive indication of asthma and should be used in conjunction with (but not limited to) spirometry, patient history, symptoms.

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