**SYMPTOMS AND LABS**

**HIGH RISK**
- A sensation of choking or suffocation
- Cyanosis
- Worsening chest pain
- Syncope

**MODERATE RISK**
- Dyspnea or difficulty getting air upon inspiration
- Difficulty breathing that interferes with exercise, causing shorter duration, leaving the field during a game of frequent albuterol use without improvement
- Tightness in the throat or chest
- A sensation of choking or suffocation
- Limited or no response to bronchodilator
- Stress, anxiety

**LOW RISK**
- Some difficulty breathing with exercise
- Hoarseness
- Noisy breathing
- Inspiratory stridor in absence of infection
- Tightness in the throat
- Reflux
- Stress, anxiety

**SUGGESTED PREVISIT WORKUP**
- Spirometry with inspiratory flow loop
- Consider pulmonary evaluation
- Consider psychiatry evaluation to r/o conversion disorder
- Consider cardiac evaluation

**SUGGESTED WORKUP**
- Spirometry with inspiratory flow loop
- Exercise challenge if exercise induced
- Evaluation by speech therapist who specifically deals with vocal cord treatment
- Consider pulmonary referral to assess exercise induced bronchospasm vs. vocal cord dysfunction
- Consider cardiac evaluation
- Consider allergy testing
- Consider hypnosis
- Consider counseling

**SUGGESTED MANAGEMENT**
- Reassurance
- Relaxation breathing
- Consider allergy testing
- Consider treating reflux
- Consider hypnosis
- Consider counseling

**CLINICAL PEARLS**

- VCD and asthma can be seen concurrently.
- Medication is not the main treatment to control symptoms.
- The mainstay of treatment is controlled breathing exercises.

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**HIGH RISK**

**SYMPTOMS AND LABS**
- Difficulty breathing that interferes with exercise, causing shorter duration, leaving the field during a game of frequent albuterol use without improvement
- Tightness in the throat or chest
- A sensation of choking or suffocation
- Limited or no response to bronchodilator
- Stress, anxiety

**SUGGESTED PREVISIT WORKUP**
- Spirometry with inspiratory flow loop
- Consider pulmonary evaluation
- Consider psychiatry evaluation to r/o conversion disorder
- Consider cardiac evaluation

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**MODERATE RISK**

**SYMPTOMS AND LABS**
- Some difficulty breathing with exercise
- Hoarseness
- Noisy breathing
- Inspiratory stridor in absence of infection
- Tightness in the throat
- Reflux
- Stress, anxiety

**SUGGESTED WORKUP**
- Spirometry with inspiratory flow loop
- Exercise challenge if exercise induced
- Evaluation by speech therapist who specifically deals with vocal cord treatment
- Consider pulmonary referral to assess exercise induced bronchospasm vs. vocal cord dysfunction
- Consider cardiac evaluation
- Consider allergy testing
- Consider hypnosis
- Consider counseling

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**LOW RISK**

**SYMPTOMS AND LABS**
- Some difficulty breathing with exercise
- Hoarseness
- Noisy breathing
- Inspiratory stridor in absence of infection
- Tightness in the throat
- Reflux
- Stress, anxiety

**SUGGESTED MANAGEMENT**
- Reassurance
- Relaxation breathing
- Consider allergy testing
- Consider treating reflux
- Consider hypnosis
- Consider counseling

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These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.