Fenom Flo™

FeNO Monitoring System

INTERPRETING FeNO READINGS

ATS/ERS CLINICAL GUIDELINES SUMMARY FOR INTERPRETING FeNO LEVELS

Diagnosis using the Fenom Flo Device			
FeNO (ppb) Levels	**LOW** <25ppb (<20ppb in children)	**INTERMEDIATE** 25-30ppb (20-35 ppb in children)	**HIGH** >50ppb (>35ppb 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)			
Non-Allergic Asthma	Chronic Cough	Vocal Cord Disfunction	Gerd

Monitoring (in patients with diagnosed asthma) using the Fenom Flo device			
FeNO (ppb) Levels	**LOW** <25ppb (<20ppb in children)	**INTERMEDIATE** 25-30ppb (20-35 ppb in children)	**HIGH** >50ppb (>35ppb in children) or rise in FeNO of >40% from previously stable levels
Symptomatic (chronic cough and/or wheeze)	Possible alternative diagnosis Unlikely to benefit from increase in ICS	Persistent allergen exposure Inadequate ICS dose Poor adherence Sterioid resistance	Persistent allergen exposure Poor adherence or inhaler technique Inadequate ICS dose Risk of Exacerbation Steroid resistance ICS withdrawal or dose reduction may result in relapse
Symptoms Absent	Adequate ICS dose Good adherence ICS taper	Adequate ICS dosing Good adherence Monitor change in FeNO	

REFERENCES:

1. Dweik RA et al. An official ATS clinical practice guideline: interpretation of exhaled nitric oxide levels (FeNO) for clinical applications. Am J Respir Crit Care Med. 2011;184(5):602-15.
2. Saito J, Gibeon D, Macedo P, et al. Domiciliary diurnal variation of exhaled nitric oxide fraction for asthma control. The European Respiratory Journal. 2014 Feb;43(2):474-484. DOI: 10.1183/09031936.00048513. PMID: 23949962.

MGC DIAGNOSTICS CORPORATION, through its subsidiary Medicl Graphics Corporation

350 Oak Grove Parkway St. Paul, Minnesota USA 55127-8599

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