

Introduction:

W	Wash
I	Introduce Yourself + Patient's Identity
P	Permission to Proceed
P	Patient Position + Pain
E	Explain

Patient Details:

Name:
Age:
Date of Birth:
Gender:

Presenting Complaint:

Cough:	Timing, Exacerbation, Type
Sputum:	Onset, Amount, Colour, Smell + Taste
Dyspnoea:	Onset, Severity, Progression, Associated Symptoms
Breath Sounds:	<ul style="list-style-type: none"> • Stridor - <i>Inspiratory, Upper Respiratory</i> • Wheeze - <i>Expiratory, Lower Respiratory</i>
Pain:	<ul style="list-style-type: none"> • Pleuritic Chest Pain - <i>Sharp and worse on inspiration/coughing</i> • Muscular Pain - <i>Following prolonged coughing</i>
Haemoptysis:	Amount, Colour, Associated Symptoms
Fever:	Duration, Onset

HAPPENED BEFORE?

Sputum:	<ul style="list-style-type: none"> • <i>Foul Smelling/Tasting</i> = Anaerobic Infection • <i>Pink and Frothy/Foamy</i> = Pulmonary Oedema
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Medications:

Contraceptive Pill:	Risk of DVT → PE
ACE Inhibitor:	Dry Cough - <i>Could also be Interstitial Lung Disease</i>
Inhalers:	Especially in Asthmatics - <i>Has β-agonist use increased?</i>
Home Oxygen	
Cytotoxic Drugs:	Methotrexate - ILD

Past/Social History:

Smoking/Vaping:	Current/Ex-, Pack Year Hx., When Stopped
Occupational Exposures:	<ul style="list-style-type: none"> • Coal - <i>Coal Worker's Pneumoconiosis</i> • Silica - <i>Silicosis</i> • Asbestos - <i>Asbestosis</i> • Talc - <i>Talcosis</i>
Allergic Alveolitis:	<ul style="list-style-type: none"> • Bird Fancier's Lung • Farmer's Lung (<i>Aspergillus fumigatus</i>)
Alcohol Consumption:	Aspiration Pneumonia
IV Drug Use:	Lung Abscess/Drug related Pulmonary Oedema
Sexual History:	HIV
Family History:	α 1-antitrypsin deficiency

Red Flag Symptoms:

F	Fever
L	Lethargy
A	Anorexia
W	Weight Loss
S	Night Sweats

Think of the following depending on red flag symptoms:

- Tumour
- Tuberculosis
- Infection



Differentials:

- Cough:**
- Acute:** (<3 weeks)
- URTI
 - LRTI (Pneumonia, Exacerbation of COPD)
 - Inhaled Irritation (Smoke Fumes)
- Chronic:**
- COPD - Smoking
 - Asthma
 - GORD
 - Bronchiectasis - Very Productive
 - Carcinoma
 - Cardiac Failure

- Haemoptysis:**
- Bronchitis - *Small Amounts*
 - Carcinoma - *Frank Blood*
 - Bronchiectasis - *Large amounts of sputum + blood*
 - Pneumonia - *Fever, Recent Onset*
 - Pulmonary Infarct - *Dyspnoea, pleuritic pain*
 - TB
 - Foreign Body

Dyspnoea **Seconds to Minutes:**

- Onset:**
- Asthma Attack
 - PE
 - Pneumothorax
 - Anaphylaxis

Hours to Days:

- COPD Exacerbation
- Cardiac Failure
- Infection
- Pleural Effusion
- Metabolic Acidosis

Weeks:

- Pulmonary Fibrosis
- COPD
- Anaemia

Always investigate other causes for **Haemoptysis: Haematemesis and Nasopharyngeal Bleeding**

Further Investigations:

Chest X-Ray

Pulse Oximetry

- Lung Function Assessment:**
- Peak Flow Meter
 - Spirometry

6-Minute Walking Test: Reduction in SpO₂ >5% is abnormal

Chest CT: Greater radiation dose