

### 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"> <li>• Stridor - <i>Inspiratory, Upper Respiratory</i></li> <li>• Wheeze - <i>Expiratory, Lower Respiratory</i></li> </ul>                             |
| Pain:          | <ul style="list-style-type: none"> <li>• Pleuritic Chest Pain - <i>Sharp and worse on inspiration/coughing</i></li> <li>• Muscular Pain - <i>Following prolonged coughing</i></li> </ul> |
| Haemoptysis:   | Amount, Colour, Associated Symptoms  |
| Fever:         | Duration, Onset  |

### HAPPENED BEFORE?

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

### 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"> <li>• Coal - <i>Coal Worker's Pneumoconiosis</i></li> <li>• Silica - <i>Silicosis</i></li> <li>• Asbestos - <i>Asbestosis</i></li> <li>• Talc - <i>Talcosis</i></li> </ul> |
| Allergic Alveolitis:    | <ul style="list-style-type: none"> <li>• Bird Fancier's Lung</li> <li>• Farmer's Lung (<i>Aspergillus fumigatus</i>)</li> </ul>   |
| Alcohol Consumption:    | Aspiration Pneumonia  |
| IV Drug Use:            | Lung Abscess/Drug related Pulmonary Oedema  |
| Sexual History:         | HIV   |
| Family History:         | α1-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

- Onset:**
- Seconds to Minutes:**
- 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 SpO<sub>2</sub> >5% is abnormal
- Chest CT:** Greater radiation dose

