

Red Flag Symptoms:

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

Symptoms:

Cough: Chronology, Timing, Exacerbating, Type

Sputum:

Acute Onset:	Infection
Chronic:	Post Nasal Drip/COPD/Bronchiectasis/Lung Cancer/TB/CCF/ACE Inhibitor
Amount and Colour:	<i>Purulent => Infection</i> <i>Foul Smelling and Tasting => Anaerobic Infection</i> <i>"Rusty" => Pneumococcal Pneumonia</i> <i>Pink and Frothy/Foamy => Pulmonary Oedema</i> <i>Copious, Frothy, and Saliva like => Bronchoalveolar carcinoma</i>

Haemoptysis: Chronology, Amount Lung Cancer/Bronchiectasis/Exacerbation of COPD/Pulmonary Infarction/T-B/Lung Abscess/Heart Failure/Bleeding Diatheses (Increased susceptibility to bleeding or bruising)

Breathlessness: Chronology, Onset, Precipitating Events, Severity, Associated with wheeze/cough

Stridor: Upper Respiratory Tract - **Inspiratory** An abnormal, high-pitched respiratory sound produced by irregular airflow in a narrowed airway.

Wheeze: Lower Respiratory Tract - **Expiratory**

Pleuritic Chest Pain: Parietal Pleura/Chest Wall

Asthma:

A chronic inflammatory disorder of the airways causing reversible airways obstruction

Diagnosis by clinical features and spirometry

Episodic

Reversible either spontaneously or with treatment

Airway hyper-responsiveness to a wide range of stimuli

- Risk**
- Particularly common in the second decade of life.
- Factors:**
- Much more common in western developed countries.
 - Potent Sensitisers in the workplace

- Symptoms:**
- Recurrent episodes of wheezing
 - Episodic Breathlessness
 - Chest Tightness
 - Coughing - Particularly at night or in the early morning

- Clinical**
- Features:**
- Increased Respiratory and Pulse Rate
 - Pulsus Paradoxus - An exaggerated fall in a patient's BP (>10mmHg) during inspiration
 - Reduced air entry
 - Using muscles of inspiration
 - Wheeze -> Silent chest = **Severe Attack**
 - Inability to Speak -> **Severe Attack**
 - Cyanosis, Clammy, Sweating, Confused -> **Life Threatening Attack**

Asthma: (cont)

Specific:

- Allergen
- Occupational

Non-Specific:

- Exercise
- Cold
- Atmospheric Pollutants - Smoking, Environmental
- Emotion
- Medications - **NSAIDS, Beta Blockers**

Management:

- Patient and family education about asthma, and participation
- Avoidance of identified causes where possible
- Use of the lowest effective doses of convenient medications and long-term side-effects

Treatment:

- Occasional use of inhaled short-acting β_2 -adrenoreceptor agonists
- Introduction of regular preventer therapy
- Moderate dose of inhaled steroid and add-on therapy
- Continuous or frequent use of oral steroids



COPD:

Airflow limitation (obstruction) that is not fully reversible, generally progressive.

- Risk**
- Rare under 40y/o - common in elderly
- Factors:**
- Industrialised countries
 - Lower income groups
 - Rates rising in women, but plateaued in men
 - Smokers

- Causes:**
- Tobacco smoke -> 95% of cases
 - Indoor air pollution -> cooking with biomass fuels
 - Occupational exposures - Coal dust, silica, cadmium
 - Low birthweight, childhood infections, maternal smoking
 - > Lower maximally attained lung function
 - Infections - Adenovirus, HIV
 - Cannabis Smoking
 - Genetic factors - α 1-antitrypsin deficiency, Airway hyper-reactivity

General Signs:



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