

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:

- *Foul Smelling/Tasting* = Anaerobic Infection
- *Pink and Frothy/Foamy* = Pulmonary Oedema

Medications:

Contraceptive Pill: Risk of DVT → PE

ACE Inhibitor: Dry Cough - *Could also be Interstitial Lung Disease*

Inhalers: Especially in Asthmatics - *Has β -agonist use increased?*

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

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 SpO2 >5% is abnormal

Chest CT: Greater radiation dose