

### Introduction:

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

### Patient Details:

Name:
Age:
Date of Birth:
Gender:

### Presenting Complaint:

<b>Cough:</b>	Timing, Exacerbation, Type
<b>Sputum:</b>	Onset, Amount, Colour, Smell + Taste
<b>Dyspnoea:</b>	Onset, Severity, Progression, Associated Symptoms
<b>Breath Sounds:</b>	<ul style="list-style-type: none"> <li>• Stridor - <i>Inspiratory, Upper Respiratory</i></li> <li>• Wheeze - <i>Expiratory, Lower Respiratory</i></li> </ul>
<b>Pain:</b>	<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>
<b>Haemoptysis:</b>	Amount, Colour, Associated Symptoms
<b>Fever:</b>	Duration, Onset

### HAPPENED BEFORE?

<b>Sputum:</b>
<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:

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

### Past/Social History:

<b>Smoking/Vaping:</b>	Current/Ex-, Pack Year Hx., When Stopped
<b>Occupational Exposures:</b>	<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>
<b>Allergic Alveolitis:</b>	<ul style="list-style-type: none"> <li>• Bird Fancier's Lung</li> <li>• Farmer's Lung (<i>Aspergillus fumigatus</i>)</li> </ul>
<b>Alcohol Consumption:</b>	Aspiration Pneumonia
<b>IV Drug Use:</b>	Lung Abscess/Drug related Pulmonary Oedema
<b>Sexual History:</b>	HIV
<b>Family History:</b>	α1-antitrypsin deficiency

### Red Flag Symptoms:

<b>F</b>	Fever
<b>L</b>	Lethargy
<b>A</b>	Anorexia
<b>W</b>	Weight Loss
<b>S</b>	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