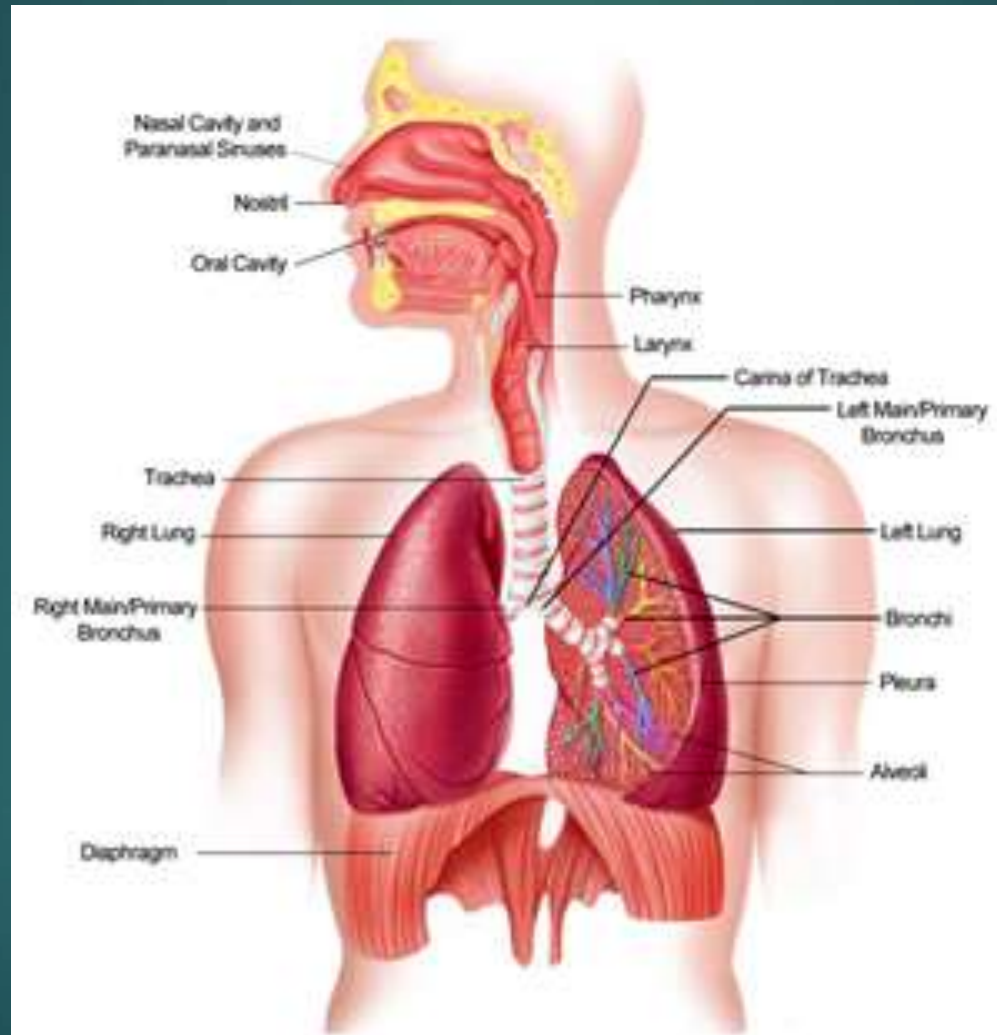




Respiratory System history taking

DR. BEN COLTON

ANATOMY



History Taking

- ▶ **History = story of the patients illness**
- ▶ Patient-centered: Let the patient describe problem
- ▶ > 80% of diagnosis may be made from history alone
- ▶ Examination and investigations confirm or disprove the suspected diagnosis

Common Symptoms

- Cough
 - dry vs. productive
- Sputum
 - amount, color, consistency, blood
- Hemoptysis
 - Amount, mixed with sputum vs just blood
- Dyspnea
 - Timing, severity, onset
- Wheeze (high-pitched whistling sound)/ Stridor (strong high-pitched sound)
 - timing, triggers
- Chest pain - SOCRATES

Introduction

- ▶ Introduce self and obtain patients name
- ▶ Privacy and chaperone
- ▶ Hand hygiene
- ▶ Explain procedure and gain consent


Basic Questions


- ▶ Site (only for pain)
- ▶ Onset – when and how did it start? sudden vs gradual
- ▶ Character and Course – better or worse
- ▶ Radiation (only for pain)
- ▶ Associated symptoms
 - ▶ fever, GI symptoms, headache, runny nose, etc.
- ▶ Timing – intermittent vs continuous, triggers, day vs night
- ▶ Exacerbating or relieving symptoms
- ▶ Severity
- ▶ Sick contacts and Previous episodes
- ▶ PMH, PSH, FH, SH, Meds, Allergies, ROS

Severity or Grade:



- ▶ Grade 1 : Breathless when walking fast on flat ground or walking up a small hill
- ▶ Grade 2 : Breathlessness when walking with people of own age or on level ground
- ▶ Grade 3 : Walks slower than peers, or stops when walking on flat ground at own pace
- ▶ Grade 4 : Stops after walking 100 meters, or a few minutes, on flat ground
- ▶ Grade 5 : Too breathless to leave the house
- ▶ (Grade 5b) : Too breathless to wash or dress

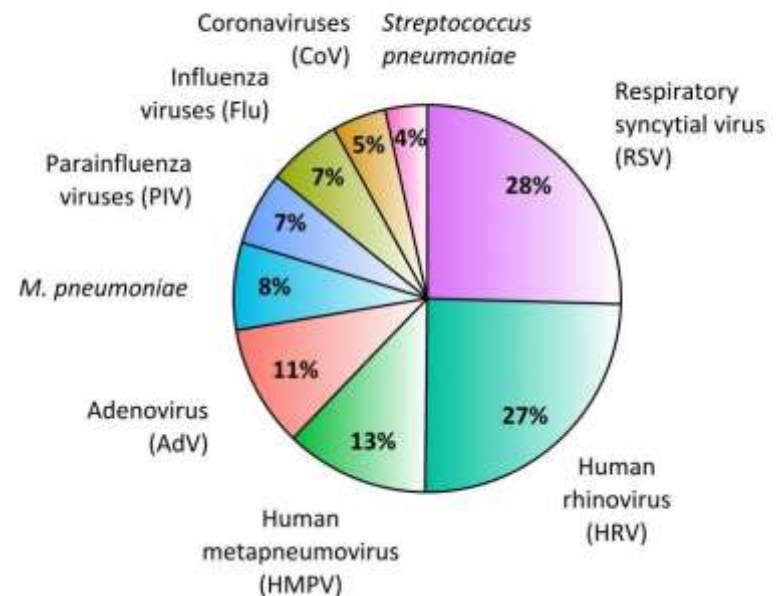
- 
- ▶ HPI: Nawal is a 19 year old female single patient, she is a student. She presents to your clinic complaining of a cough for past 7 days
 - ▶ Questions?

- 
- ▶ Site (not applicable)
 - ▶ Onset - 7 days ago, started gradually
 - ▶ Character and Course – wet cough with sputum, worsening last 2 days
 - ▶ Sputum does not have blood, has 1 teaspoon of thick, green sputum 3 times per day
 - ▶ Radiation (not applicable)
 - ▶ Associated symptoms – fever for 2 days of 101, pain in chest, dyspnea at rest
 - ▶ Do SOCRATES for pain
 - ▶ Timing – occurs all day and night
 - ▶ Exacerbated by exertion
 - ▶ Severity: 5/10
 - ▶ No sick contact and no previous episodes
 - ▶ PMHx: none
 - ▶ PSHx: none
 - ▶ Meds: none
 - ▶ Allergies: NKDA
 - ▶ Family history: none
 - ▶ Social history: no recent travel, no alcohol, patient smokes 5 cigarettes/day for 3 years

Pneumonia

- ▶ Definition of pneumonia: inflammation of lung tissue and white blood cells entering alveoli
- ▶ Common symptoms
 - ▶ Fever
 - ▶ cough with sputum
 - ▶ shortness of breath
 - ▶ chest pain

The most commonly identified pathogens among children hospitalized with pneumonia in the EPIC study



COMMON CAUSES

Infectious

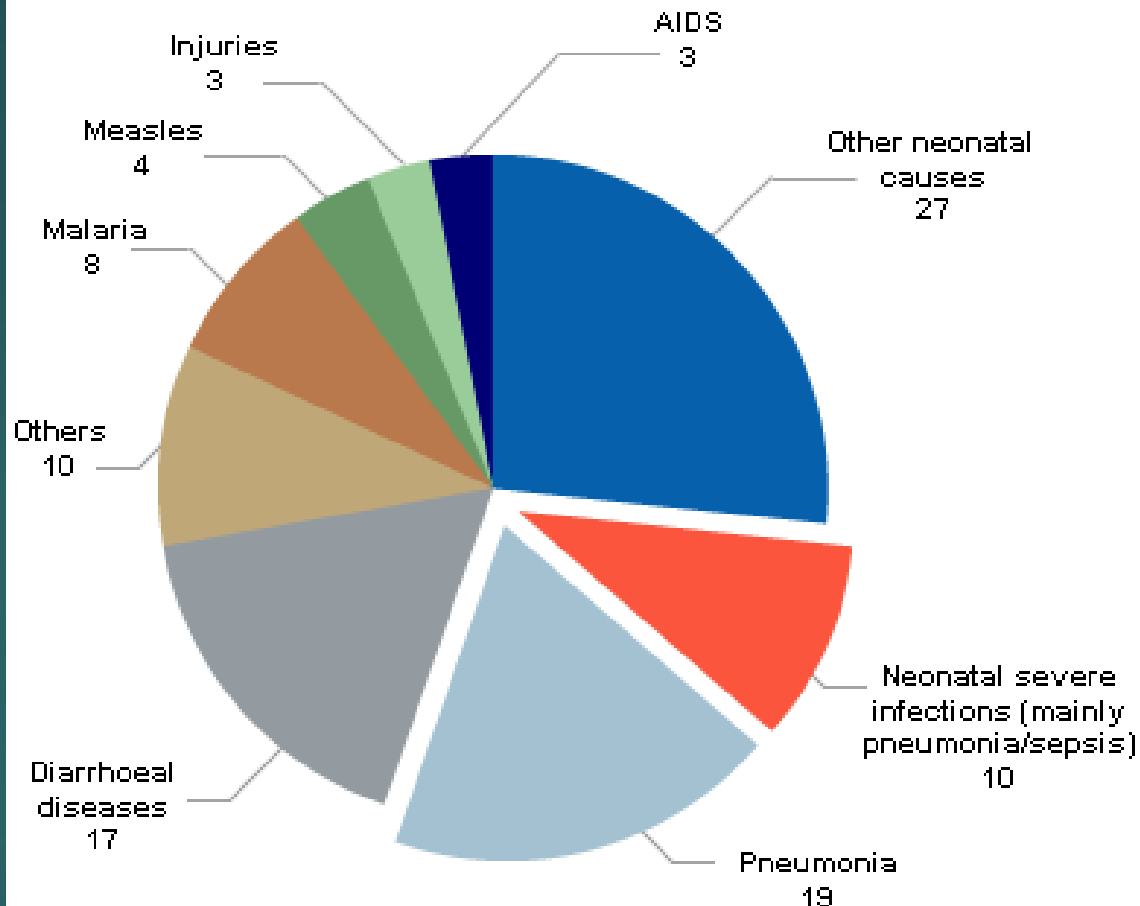
- *Streptococcus pneumoniae*,
- *Haemophilus influenzae*,
- *Staphylococcus aureus*,
- Influenza virus,
- Other respiratory viruses

Non Infectious


- Pulmonary edema
- Lung cancer
- Acute respiratory distress syndrome

Pneumonia is the leading killer of children

Global distribution of cause-specific mortality among children under five, 2000-2003 (Percentage)




Source: Child Health Epidemiology Resources Group (CHERG), with additional data from UNICEF. Note that undernutrition may be implicated in more than one-third of all under-five deaths worldwide.



HPI: Mohammed is a 25-year old single male patient. He works as a carpenter. He presents to your clinic complaining of dyspnea for past 5 days.

Questions?


- 
- ▶ Site (not applicable)
 - ▶ Onset - 5 days ago, started gradually
 - ▶ Character and Course – worsening last 2 days
 - ▶ Radiation (not applicable)
 - ▶ Associated symptoms – no fevers, no pain, dry cough
 - ▶ Does cough occur at same time?
 - ▶ Timing – occurs mostly during the day when he is at work
 - ▶ Exacerbated by dust and exertion
 - ▶ Severity: 5/10
 - ▶ No one else is sick and this happens every few months
 - ▶ PMHx: none
 - ▶ PSHx: none
 - ▶ Meds: used an inhaler in the past
 - ▶ Allergies: NKDA
 - ▶ Family history: none
 - ▶ Social history: no recent travel, no alcohol, no smoking

Asthma

- ▶ Definition: chronic, reversible inflammation of airways
- ▶ Triggers
 - ▶ Environment
 - ▶ Allergens
 - ▶ Emotions
 - ▶ Infections
 - ▶ Medications
- ▶ Common symptoms
 - ▶ Wheezing
 - ▶ Dyspnea
 - ▶ Cough


DIFFERENCE BETWEEN ASTHMA & COPD

Traits	Bronchial asthma	COPD
Age incidence	Child & younger	Old age(>50 years)
Main symptom	Respiratory distress	Cough & sputum
Diurnal variation	Occurs	Not occurs
History of allergy	Present	Usually Absent
Smoking history	Not so important	Important
Chest X-ray	Usually normal	Abnormal
Eosinophil count	Increase	Normal
IgE level	Raised	Normal



HPI: Nour is a 40-year old married female patient. She works as a teacher. She just had a biopsy of a lung tumor. She was doing well after the procedure but then became very short of breath suddenly.

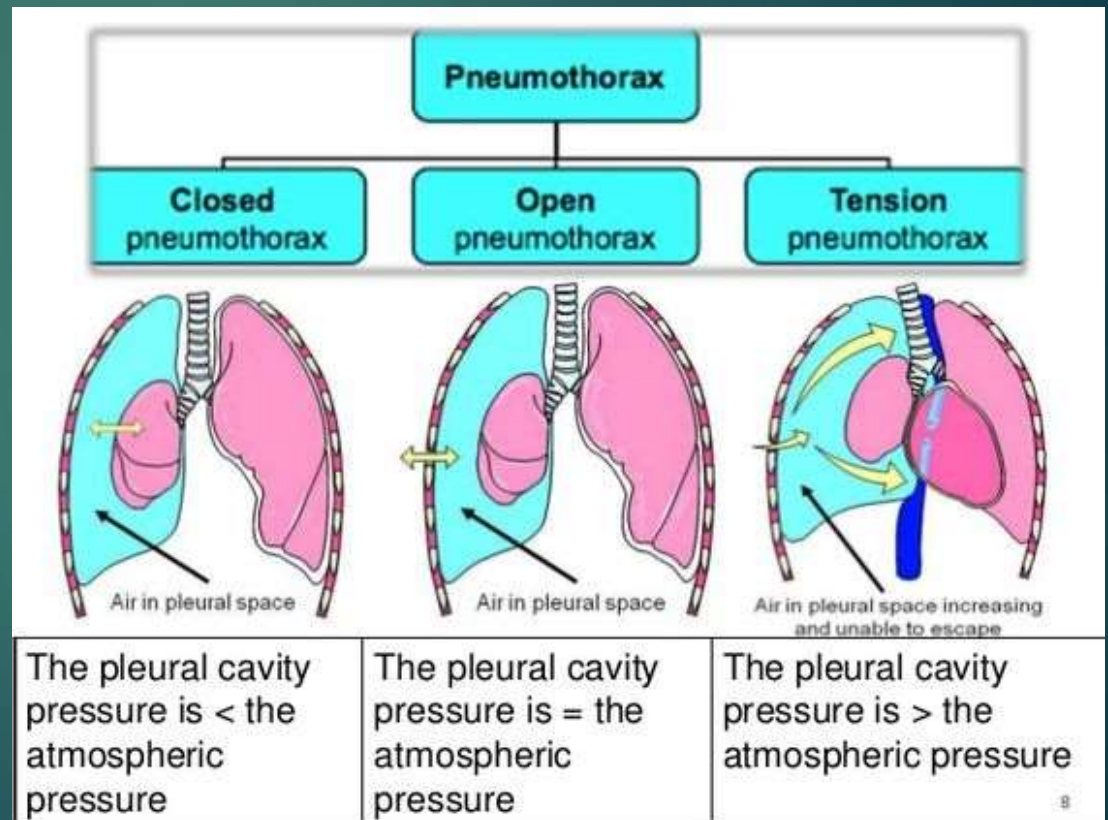
Questions?

- 
- ▶ Site (not applicable)
 - ▶ Onset – 10 minutes ago, started suddenly
 - ▶ Character and Course – severe and happened 10 minutes before
 - ▶ Radiation (not applicable)
 - ▶ Associated symptoms – 5/10no fevers, no pain, dry cough
 - ▶ Does cough occur at same time?
 - ▶ Timing – occurred 10 minutes ago and is persisting
 - ▶ Exacerbating factors - none
 - ▶ Severity: 9/10
 - ▶ No one else is sick and this has never happened before
 - ▶ PMHx: none
 - ▶ PSHx: lung tumor biopsy earlier today
 - ▶ Meds: none
 - ▶ Allergies: NKDA
 - ▶ Family history: none
 - ▶ Social history: no recent travel, no alcohol, smokes 1 pack/day

Pneumothorax

- ▶ Definition: space between wall of the chest cavity and the lung itself fills with air, causing all or a portion of the lung to collapse.

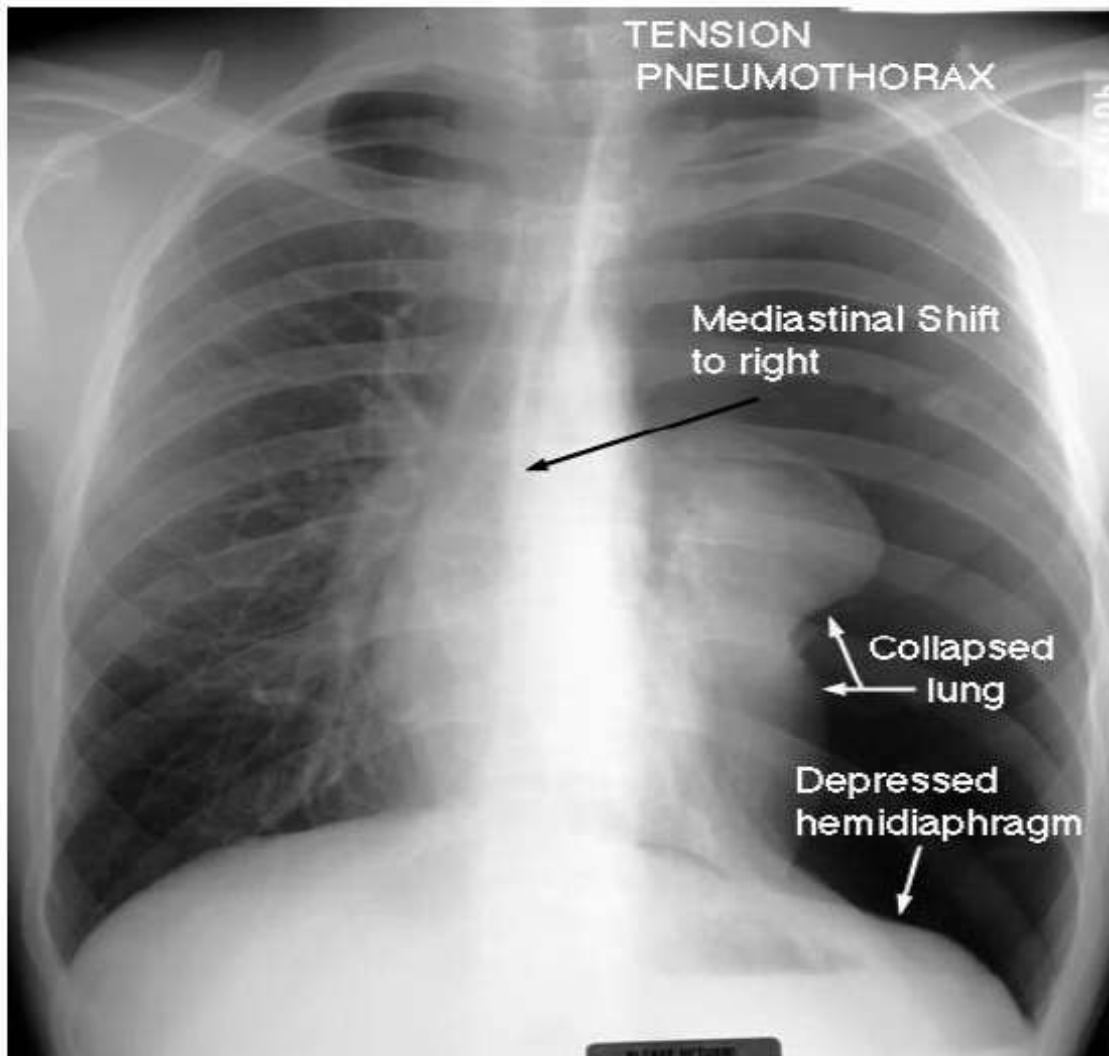
- ▶ Tension vs Simple




Pneumothorax

- ▶ Risk factors:
 - ▶ trauma to chest (fractured rib, penetrating trauma)
 - ▶ Cigarettes and drugs
 - ▶ Certain lung diseases
- ▶ Diagnosis: auscultation
- ▶ Treatment: Removal of air under pressure
 - ▶ needle attached to a syringe vs chest tube vs surgery


Pneumothorax



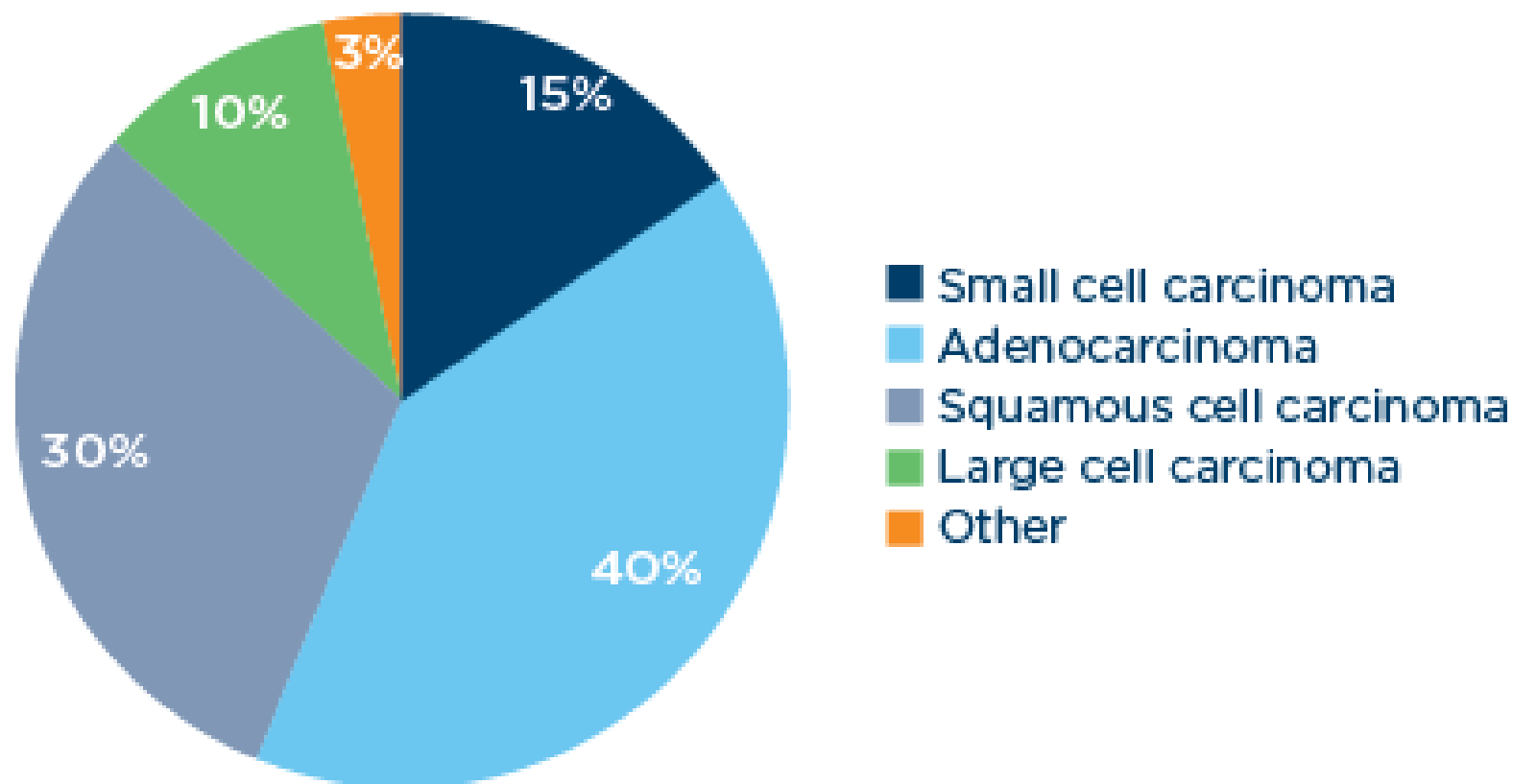


HPI: Ahmed is a 50-year old married male patient. He works as a doctor. He comes to your office complaining of coughing up blood.

Questions?

- 
- ▶ Site (not applicable)
 - ▶ Onset – cough started gradually a few weeks ago
 - ▶ Character and Course -
 - ▶ Radiation (not applicable)
 - ▶ Associated symptoms – complains of dyspnea and losing weight, no fevers, no pain
 - ▶ Does dyspnea occur at same time? Questions on weight loss.
 - ▶ Timing – cough is persistent over last few weeks, all day and night
 - ▶ Exacerbating factors - none
 - ▶ Severity: 5/10
 - ▶ No one else is sick and this has never happened before
 - ▶ PMHx: none
 - ▶ PSHx: none
 - ▶ Meds: none
 - ▶ Allergies: NKDA
 - ▶ Family history: none
 - ▶ Social history: no recent travel, no alcohol, smokes 1 pack/day

Types of Lung Cancer by Histology



Lung Cancer

Common symptoms of lung cancer



Persistent
cough



Shortness
of breath



Chest
pain



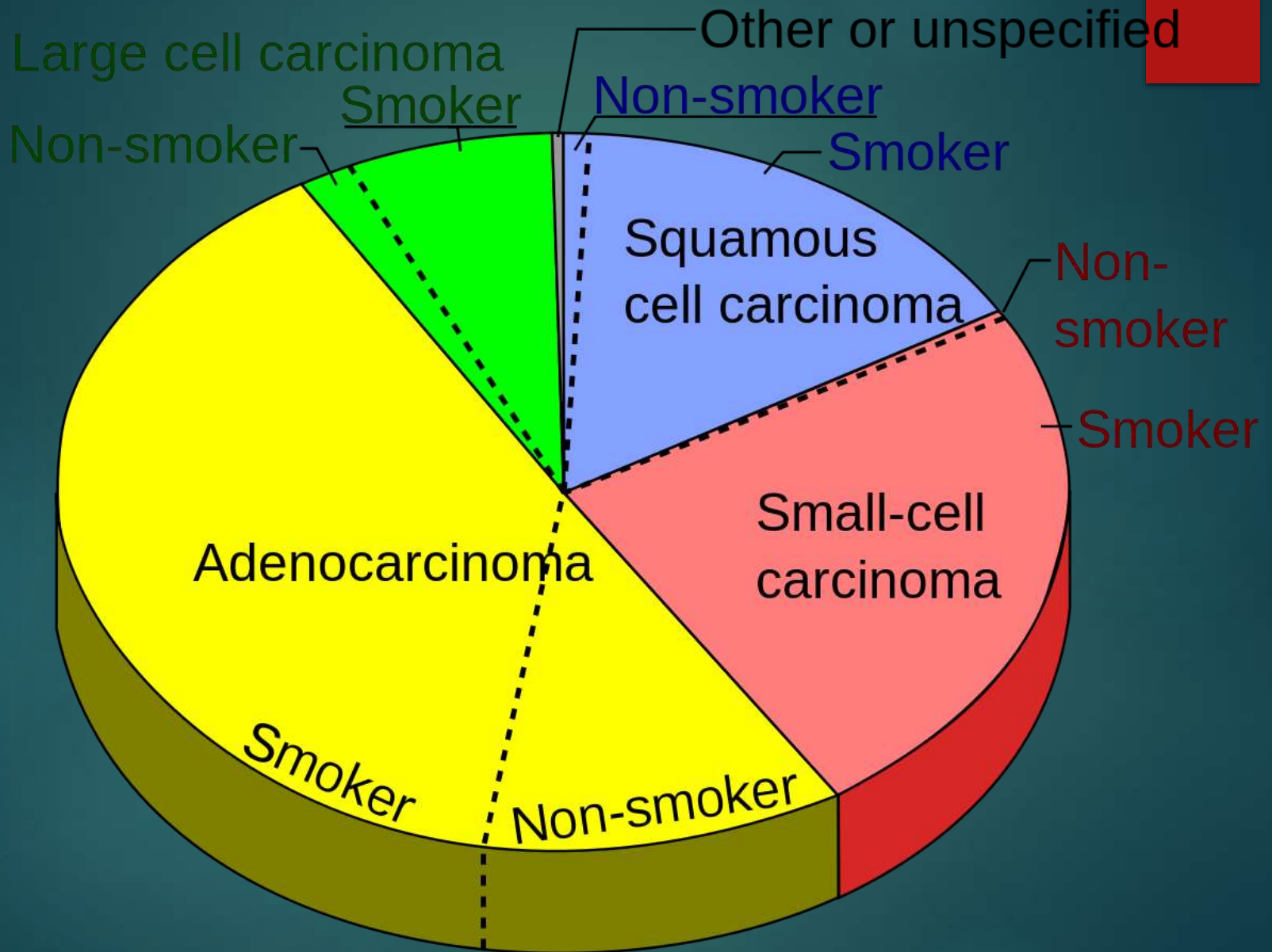
Unexplained
weight loss

Image Source: <http://www2.lifewithlungcancer.info/>

SMOKING INCREASES YOUR CHANCES OF DEVELOPING MANY DISEASES

(AVERAGE SMOKER OVER NON SMOKER)

<u>DISEASE</u>	<u>INCREASED CHANCES</u>
CHRONIC BRONCHITIS	2000%
CANCER OF LUNG	1000%
CANCER OF THE MOUTH	850%
CANCER OF THE LARYNX	475%
CANCER OF THE ESOPHAGUS	300%
CANCER OF THE LIVER AND GALL BLADDER	180%
CANCER OF THE PANCREAS	170%
PEPTIC ULCER	116%
LIVER CIRRHOSIS	93%





Thank you