

ACUTE COUGH

- › Common cold
- › Sinusitis
- › Pneumonia
- › Bronchitis
- › AECOPD
- › Inhalation of bronchial irritants (smoke , fumes)

CHRONIC COUGH

- › COPD
- › Asthma
- › GERD
- › Bronchiectasis
- › ACE inhibitors
- › ILD
- › CA lung
- › Cardiac failure
- › Upper airway cough syndrome (history of rhinitis, postnasal drip , sinus headache and congestion)
- › Psychogenic

2) CHARACTER

ORIGIN	CHARACTER
Nasopharynx / larynx	Throat clearing , chronic (PND , GERD)
Larynx	Barking, painful , loud , brassy ,acute or persistent (laryngitis , pertussis , croup)
Trachea	Painful , acute (tracheitis)
Bronchi	Intermittent , worse at night (asthma) Worse in morning (COPD) With blood (BRONCHIAL MALIGNANCY)
Lung parenchyma	Dry then productive (PNEUMONIA) Chronic, very productive (BRONCHIECTASIS) Productive with blood (TB) Irritating and dry persistent (ILD) Worse on lying down sometimes with frothy sputum (PULMONARY EDEMA)

- › 3) PRODUCTIVE / DRY
- › 4) SPUTUM (color , quantity)
- › 5) FEVER
- › 6) SINUS PROBLEMS
- › 7) SOB
- › 8) SMOKING
- › 9) WHEEZE
- › 10) PAST HX OF LUNG DISEASE
- › 11) DRUG HX
- › 12) TIME (NIGHT OR MORNING)

B) HEMOPTYSIS

- › 1) ONSET
- › 2) DURATION
- › 3) QUANTITY (mild = < 20 ml in 24 hr
massive = > 250 ml in 24 hr)
- › 4) TYPE OF BLOOD (clotted , streak , fresh)
- › 5) ASSOCIATED FEATURES (cough , SOB , fever ,
weight loss , anorexia)
- › 6) TB CONTACT HX
- › 7) SMOKING
- › 8) OCCUPATIONAL HX
- › 9) DRUGS
- › 10) TRAUMA / HEMATURIA / RASHES

HEMOPTYSIS / HEMETEMESIS / EPISTAXIS

FAVOURS HEMOPTYSIS

FAVOURS
HEMETEMESIS

FAVOURS EPISTAXIS

MIXED WITH SPUTUM
OCCURS IMMEDIATELY
AFTER COUGHING

FOLLOWS NAUSEA
MIXED WITH VOMITUS
FOLLOWS DRY
RETCHING

BLOOD APPEARS IN
MOUTH

CAUSES

- BRONCHITIS
- BRONCHIECTASIS
- LUNG ABSCESS
- PNEUMONIA
- PULMONARY INFARCTION
- LUNG CARCINOMA

C) DYSPNEA

DURATION

Seconds to minutes	Hours or days	Weeks or longer
asthma	COPD	Pulmonary fibrosis
Pulmonary embolism	Cardiac failure	COPD
Pneumothorax	Asthma	ILD
Pulmonary edema	Respiratory infection	Pleural effusion
anaphylaxis	Pleural effusion	Anaemia
Foreign body causing airway obstruction	Metabolic acidosis	

- ORTHOPNEA
- PND
- COUGH
- EXERCISE TOLERANCE
- HEART OR LUNG PROBLEMS IN PAST
- TEMPERATURE
- SMOKING
- CHEST PAIN (angina)
- WHEEZE
- PAINFUL ON BREATHING (pleurisy , pericarditis)

► DYSPNEA SUDDEN
ONSET ,
HEMOPTYSIS ,
TACHYCARDIA ?

DYSPNEA SUDDEN
ONSET, CHEST PAIN,
TACHYPNEA
ABSENT BREATH
SOUNDS ON ONE SIDE
?

DYSPNEA SUDDEN
ONSET , STRIDOR

?

DYSPNEA, FEVER ,
COUGH?



► DYSPNEA , HISTORY
OF ATOPY ,
SEASONAL ATTACK
?

CAUSES OF DYSPNEA

RESPIRATORY CAUSES

COPD, asthma , chronic bronchitis , ILD, ARDS, pneumothorax , pulmonary embolism , chest wall and pleural diseases

CARDIAC CAUSES

LVF, mitral valve disease , cardiomyopathy, pericardial effusion

ANEMIA

NON CARDIORESPIRA

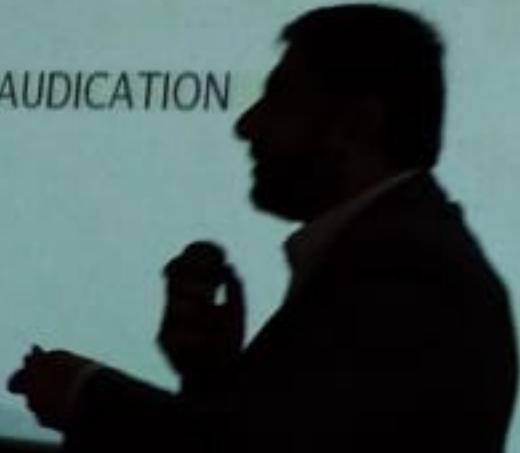
Psychogenic , acidosis, hypothalamic lesions

PRESENTING SYMPTOMS

- CHEST PAIN
- DYSPNEA
- ANKLE SWELLING
- PALPITATIONS
- SYNCOPE, PRESYNCOPE AND DIZZINESS
- FATIGUE
- INTERMITTENT CLAUDICATION

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a) CHEST PAIN

- ONSET
- DURATION
- SITE (retrosternal)
- CHARACTER (crushing pain, heaviness, discomfort)
- RADIATION (neck, arm, jaw)
- AGGRAVATING FACTORS (exercise or activity)
- RELIEVING FACTORS (rest, nitroglycerin)

CHEST PAIN	CAUSES	TYPICAL FEATURES
CARDIAC PAIN	Myocardial infarction	Central, tight, heavy, may radiate to jaw or left arm
VASCULAR PAIN	Aortic dissection	Very sudden onset , radiates to the back
PLEUROPERICARDIAL PAIN	pericarditis/myocarditis Infective pleurisy Pneumothorax	Pleuritic pain, worse on supine Pleuritic pain Sudden onset, sharp , associated with dyspnea
GASTROINTESTINAL PAIN	GERD Diffuse esophageal spasm	Not related to exertion, worse on supine Relieved by swallowing of warm water
AIRWAY PAIN	Tracheitis Inhaled foreign body	Pain in throat, breathing painful
CHEST WALL PAIN	Persistent cough Muscular strain Rib fracture	Worse with movement, chest wall tender History of trauma, localized tenderness

c) ANKLE SWELLING

- › DURATION
- › PITTING OR NON PITTING
- › PAIN OR REDNESS
- › SYMETRICAL OR ASYMETRICAL
- › WORSE IN EVENING WITH IMPROVEMENT
DURING NIGHT
- › DRUG HISTORY (vasodilator drugs e.g.
calcium channel blockers)

E) WHEEZE

, A HIGH PITCHED WHISTLING MADE WHILE
YOU BREATHE

, HEARD MOST CLEARLY WHEN YOU EXHALE

› CAUSES :

ASTHMA

COPD

BRONCHIOLITIS

AIRWAY OBSTRUCTION BY FOREIGN BODY
OR TUMOR

› Differential diagnosis of ankle oedema

FAVOURS HEART FAILURE

History of cardiac failure
Other symptoms of heart failure
JVP elevated

FAVOURS HYPOPROTEINEMIA

JVP normal
oedema pits and refills rapidly , 2-
3 sec

FAVOURS DVT OR CELLULITIS

Unilateral
Skin erythema
Calf tenderness

FAVOURS DRUG INDUCED EDEMA

Calcium channel blockers

FAVOURS LYMPHEDEMA

Not worse at end of day
Not pitting when chronic

FAVOURS LIPOEDEMA

Non pitting
Spares foot
Obese women

d) PALPITATIONS

- › Is it the sensation one of heart beating abnormally or something else?
- › Does the heart seem fast or slow ?
- › Does the heart seem regular or irregular ?
- › How long do the episode last?
- › Do the episodes start and stop very suddenly ? (svt)
- › Can you terminate the episode by deep breathing or holding your breath?(svt)

› Differential diagnosis of Palpitations

Heart misses and then thumps Worse at rest	Ectopic beats
Very fast regular , instantaneous onset Offset with vagal maneuvers	SVT
Fast and irregular	AF
Forceful and regular not fast	Awareness of sinus rhythm (anxiety)
Severe dizziness and syncope Pre-existing heart failure	VT