



History & Physical Examination of Respiratory system

Dyspnea (Shortness of breath):

The awareness that an abnormal amount of effort is required for breathing is called dyspnea. It can be due to respiratory or cardiac disease, or lack of physical fitness or sometime to anxiety

Chief Complain : Shortness of breath	
Question	Indications
1- How long have you been short of breath? (Duration).	 sec to min: (asthma, PE, pneumothorax, foreign body) hour to days: (Acute exacerbation of COPD, plural effusion, cardiac failure) weeks or longer: (Pulmonary fibrosis, COPD, interstitial lung disease)
Did it come on very quickly? Or	very quickly (PE)
instantaneously? (Onset: How it started, sudden or gradual?).	instantaneously (Pneumothorax)
3. Alleviating factor, exacerbating factor	
4. Progression: become worse with time?	Worsen progressively: pulmonary fibrosis, interstitial lung Disease.
5-How much exercise can you do before your SOB stops you or slow you down? Can you walk up a flight of stairs? (Severity: affect your work, life? Or NYHA classification).	NYHA classification: - Class I: on heavy exertion - Class II: on moderate exertion - Class III: on minimal exertion - Class IV: at rest

6. Is the SOB contentious throughout the day, intermittent? If intermittent When is it worse/better? (frequency)	Varies from day to day: asthma.		
7. Previous episode of SOB			
Other respiratory symptoms:			
Is there a feeling of <u>tightness</u> in the chest when you feel breathless?	(Angina)		
Do you get <u>wheezy</u> chest? Cough?	air way diseases: asthma ,COPD)		
Is it painful to take a big breath?	(pleurisy or pericarditis)		
Are you often SOB when you anxious? Do you feel numbness and tingling around lips when you are breathless?	(Hyperventilation associated with anxiety)		
8. Association symptoms: Cough sputum, wheeze, chest pain, hemoptysis, hoarseness.	With sharp chest pain: Pneumothorax.		
9-Have you been woken at night by breathlessness or had to sleep sitting up? (Association with orthopnea and PND (paroxysmal nocturnal dyspnea) to exclude cardiac causes of dyspnea). Fever, weight loss, loss of appetite	(PND, orthopnea) e, night sweat		
Risk Factors:			
Exposure to dust, animals, humidif	Exposure to dust, animals, humidifiers.		
Past Medical History:			
Have you had a heart or lung problem at the past? Do you have previous history of			

surgery procedures or hospital admissions?		
Blood transfusion or allergies?		
Drug History: *important*		
Bronchodilators. Steroids treatment. Home oxygen. Oral Contraceptive pills (pulmonary embolism). Cytotoxic agent (interstitial lung disease). ACE inhibitor, β blockers, NSAID. Family History:		
Does anyone of your family members have similar problem?		
Social History:		
Do you smoke?	(COPD)	
Smoking, alcohol, occupation?		
Systemic Review:		

- Dyspnea that vary from day to day suggest a diagnosis of asthma
- Dyspnea that described as inability to take breath a big enough to fill the lung suggests anxiety.

Wheezing: Maximum during expiration and is accompanied by prolonged expiration.

Causes of wheezing?

- Asthma.
- COPD.
- Infections such as bronchiolitis.
- Airways obstruction by a foreign body.
- Tumor.





Done By:

Nouf Al-Ballaa Abdullah al-yahya Anjod Al-Muhareb Afaf Al-Mutairi