



History & Physical Examination of Respiratory system

Cough & COPD:

It's a common presenting respiratory symptom.
It occurs when deep inspiration is followed by explosive expiration.

Chief Complain : Cough	
Question	Indications
1-How long have you had the cough? (Duration).	<p>The duration of a cough is important: <u>Acute cough</u> less than 3 weeks duration (<i>Common cold</i>), (<i>Sinusitis</i>), (<i>Acute bronchitis</i>) or (<i>pneumonia</i>), <u>Chronic cough</u> of more than 8 weeks duration: if associated with wheezing (<i>Asthma</i>), smoking history (<i>COPD</i>), lying down or burning central chest pain (<i>GERD</i>).</p>
2-Do you cough up sputum? How much?	<p>If it is chronic and very productive [yellow to green sputum] (bronchiectasis) Dry then productive associated with fever & sometimes dyspnea (<i>Pneumonia</i>), Dry and irritating (<i>interstitial lung disease</i>), with pink frothy sputum (<i>Pulmonary edema</i>), Foul smelling, dark color and purulent sputum (<i>Lung abscess</i>).</p> <p>(Productive cough for few months for consecutive years that is the typical <u>Chronic bronchitis</u> patient, <u>emphysema</u> usually do not, they may have a little bit of cough). (Chronic bronchitis Loose cough and Sputum)</p>

3-Do you cough up blood? How much?	Large amount of sputum with blood (<i>Bronchiectasis</i>), Only with blood (<i>Bronchial malignancy</i>), Productive with blood (<i>TB</i>), Small amounts of blood with sputum (<i>Bronchitis</i>).
4- <i>Have you had a sinus problem?</i>	(<i>upper respiratory tract infection</i>)
5- <i>Have you have high temperatures?</i>	(<i>pneumonia</i>)
6- <i>Does coughing occur partially?</i>	<i>At night? (asthma , heart failure)</i> <i>Worse when lying down?</i> <i>(Acid reflex)</i> <i>Worse in mooring? (COPD)</i>
7- <i>Have you become short of breath?</i>	
8-Other Associated symptoms?	
Fever, weight loss, loss of appetite, night sweat	
Past Medical History:	
<i>Have you had a heart or lung problem at the past?</i>	
<i>Do you have previous history of surgery procedures or hospital admissions?</i>	
<i>Blood transfusion or allergies?</i>	
Drug History:	
<i>Do you take any tablet?</i>	(<i>e.g. ACE inhibitors</i>) <i>ACE inhibitors : Dry , scratchy , persistence</i>
Family History:	
<i>Does anyone of your family members have similar problem?</i>	
Social History:	
<i>Have you been smoker? Do you still smoke?</i>	(<i>COPD</i>)

Smoking, alcohol, occupation?	
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Systemic Review

Management of COPD:

Chronic management:

#Anticholinergic:

- Inhaled ipratropium.
- Most effective bronchodilator in COBD. (The first line drug in COPD is inhaled anticholinergic ipratropium).

#Beta agonists:

- Inhaled albuterol.
 - Less effective and bore side effects.
 - Avoid long-acting beta-agonist.
- We may use Beta agonists along with ipratropium. We add on or used as a secondary drug.

#Theophylline:

- add only if above Tx not sufficient
- Theophylline has toxicity
It is also has many side effects when combined with another medication specially mycin antibiotic.
Theophylline level is decreased in-patient who is smoker.

Increased survival and reduced mortality:

#Smoking cessation.

#Home oxygen supplementation. To patient with $PaO_2 < 55$, $PaO_2 < 59$ and cor pulmonale desaturation with exercise (use only when exercise)

#Vaccination

- Influenza vaccine yearly
 - Pneumococcal vaccine
 - H.Influnsa once a life time
- To prevent exacerbation

Management acute exacerbation:

- Admit to hospital if changes of CO Symptoms are severe, or you suspect pneumonia.
- All patient with COPD exasperation who are on home O2 are usually admitted to hospital (**check of home O2 from history**)
- Conceder intubation if the patient has an altered level of consciousness or is hemodynamically unstable.

#ABG (assess the severity of the hypoxemia)

#Pulse oximetry (monitoring oxygen saturation)

#O2 supplementation(oxygen saturation in this patient shod be 88-92% on more to brevet CO₂)

#bronchodilator

- ipratropium and albuterol
- MDL or nebulizer

#Systematic corticosteroid.

#Antibiotics despite "normal X-ray".



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