



History & Physical Examination of Respiratory system

Asthma:

Case : Asthma	
Question	Indications
1- When was diagnosed, based on what?	
2-Whether symptoms are attributable to asthma.	
3-Identification of possible precipitating factors	
4-progressive or sustained	
5-Have you have high temperatures?	
6-Rapidity of onset	
7-Whether findings support the likelihood of asthma (e.g., family history)	
8-how many attacks per month?	
9-how many admission(s)?	
10-does he / she admitted ever to the ICU - how does he / she control the attach	
11-does he / she received corticosteroid therapy (when, why, how long?)	
12-current medication?	
13-any complication of either the illness or the treatment?	
14-Missed days from work or school or activity limitation	

Manifestations of an Acute Episode :

Mild episodes :

- patients may be breathless after physical activity such as walking; they can talk in sentences and lie down
- The respiratory rate is increased, and accessory muscles of respiration are not used. The heart rate is less than 100 bpm

Moderately severe episodes :

- The respiratory rate also is increased. Typically, accessory muscles of respiration are used
- The heart rate is 100-120 bpm

Severe episodes :

- patients are breathless during rest, are not interested in eating, sit upright, talk in words rather than sentences
- the respiratory rate is often greater than 30 per minute
- Accessory muscles of respiration are usually used
- The heart rate is more than 120 bpm

Other respiratory symptoms:

Wheezing

Musical, high-pitched, whistling sound produced by airflow turbulence

Cough

Especially in cases of exercise-induced or nocturnal asthma. Usually, the cough is **nonproductive** and nonparoxysmal

Chest tightness

History of tightness or pain in the chest may be present with or without other symptoms of asthma, especially in exercise-induced or nocturnal asthma.

Risk Factors:

- Having a blood relative (such as a parent or sibling) with asthma
- Having another allergic condition, such as atopic dermatitis or allergic rhinitis (hay fever)
- Being overweight
- Being a smoker
- Exposure to secondhand smoke
- Exposure to exhaust fumes or other types of pollution
- Exposure to occupational triggers, such as chemicals used in farming, hairdressing and manufacturing

Past Medical History:	
How many admission(s)?	
Does he / she admitted ever to the ICU - how does he / she control the attach	
Drug History:	
Exposure to these causes exacerbation of symptoms	<u>Aspirin</u> , Sulfite , <u>Beta Blockers</u>
Family History:	
Family history may be pertinent for asthma, allergy, sinusitis, rhinitis, eczema, and nasal polyps	
Social History:	
The social history may include home characteristics, smoking, workplace or school characteristics, educational level, employment, social support,	Factors that may contribute to nonadherence of asthma medications, and illicit drug use.
Systemic Review	



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