

HISTORY TAKING IN RESPIRATORY SYSTEM

SCHEME OF HISTORY TAKING

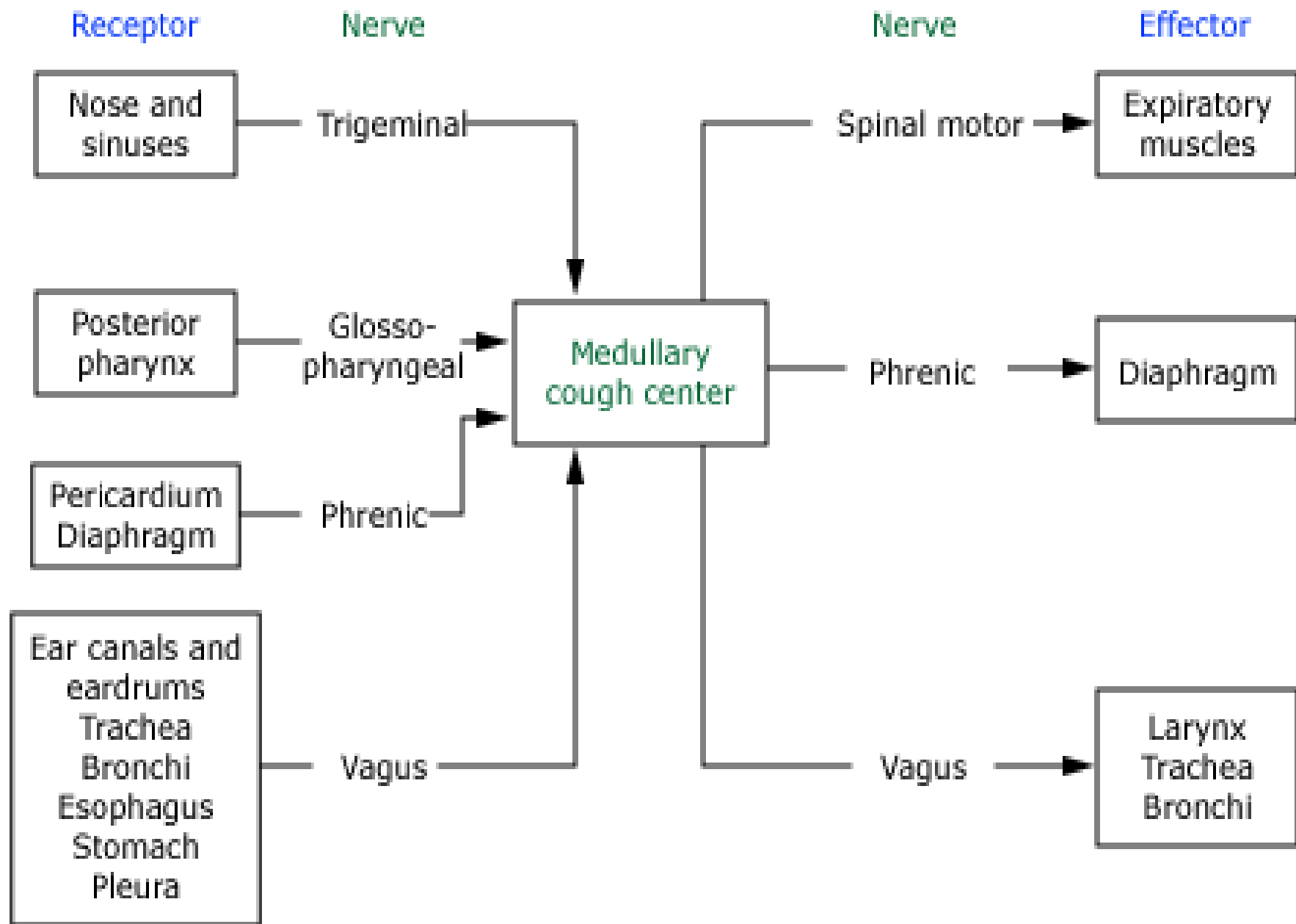
- Initial enquiry
- Chief complaint
- History of present illness
- Past medical history
- Systemic enquiry
- Family history
- Occupational history
- Drug history
- Social history
- Personal history

SYMPTOMS

- Cough
- Sputum production
- breathlessness
- Chest Pain
- Hemoptysis
- Wheeze / Stridor

COUGH

- Reflex act of forceful expiration against a closed glottis generating positive intrathoracic pressure as high as 300 mm Hg.
- Aim is to clear the airways.



Acute cough (<3 wks)

- Upper respiratory tract infections
- Pneumonia
- Pulmonary embolism
- Congestive Cardiac Failure

Subacute cough (3- 8 weeks)

- Viral infections
- Post infective
- Post nasal drip
- GERD

Chronic cough >8 wks

- Pulmonary Tuberculosis
- Bronchial Asthma
- COPD
- Bronchogenic carcinoma
- Eosinophilic bronchitis
- Post nasal drip
- GERD
- Drugs like ACE inhibitors
- Congestive cardiac failure

Nocturnal cough

- Post nasal drip.
- GERD
- Chronic bronchitis.
- Bronchial asthma.
- Obstructive sleep apnea
- Left Ventricular Failure
- Aspiration

SPUTUM

- Consistency
- Amount
- Color
- Postural variation
- Smell

CONSISTENCY

- Serous - Upper Respiratory tract Infection, Bronchoalveolar carcinoma
- Muroid - Chronic bronchitis, Bronchial Asthma
- Mucopurulent - Bacterial infection

Amount

Copious Amount

- Bronchiectasis
- Lung Abscess
- Necrotizing pneumonia
- Alveolar cell carcinoma
- Empyema rupturing into bronchus

(Bronchorrhoea - >100ml sputum/day)

Color of sputum

- Yellow / Green — Bacterial infection
- Black — coal worker pneumoconiosis
- Pink frothy sputum — Pulmonary edema
- Rusty sputum- pneumococcal pneumonia
- Red currant jelly sputum- klebsiella
- Blood tinged / streaking of sputum- tuberculosis
- Anchovy sauce — Ruptured amoebic liver abscess.

Postural variation

- Lung Abscess
- Bronchiectasis

Foul Smell

- Lung abscess
- Bronchiectasis
- Anaerobic bacterial infection

DYSPNEA

- Onset
- Duration
- Severity
- Aggravating and relieving factors
- Postural variation
- Diurnal variation

Onset

Within minutes

- Pneumothorax
- Pulmonary embolism
- Inhalation of foreign body
- Laryngeal edema
- Left heart failure

Hours to Days

- Acute Respiratory Distress Syndrome
- Bronchial Asthma
- Pneumonia
- Left heart failure

Weeks to Months

- COPD
- ILD
- Pleural effusion
- Anemia
- Thyrotoxicosis
- Left ventricular failure

Grading of Dyspnea (MMRC scale)

0	I only get breathless with strenuous exercise.
1	I get short of breath when hurrying on level ground or walking up a slight hill.
2	On level ground, I walk slower than people of the same age because of breathlessness, or have to stop for breath when walking at my own pace.
3	I stop for breath after walking about 100 yards or after a few minutes on level ground.
4	I am too breathless to leave the house or I am breathless when dressing.

- Aggravating factors
 - Exposure to allergen
 - Exercise
 - Drugs
 - Cold weather
- Relieving factors
 - Medication
 - Rest
 - Removal of allergen

Diurnal and postural variation

- Bronchial asthma
- Lung abscess
- Bronchiectasis

HAEMOPTYSIS

Types

- Frank- expectoration of blood only
- Spurious- secondary to upper respiratory tract infection above the level of larynx
- Pseudo hemoptysis- due to pigment produced by gram negative bacteria, *Serratia marcescens*

Severity

- Mild <100ml /day
- Moderate 100-150ml/day
- Severe upto 200 ml/day
- Massive > 600ml /day or 100ml/day for more than 3 days or 150 ml/hr.

HAEMOPTYSIS

Cough precedes

Frothy, may be mixed with sputum

Ph

alkaline

Bright red

H/o respiratory disease

No h/o malena

HAEMATEMESIS

Nausea & vomiting precedes

No air, mixed with food particles

pH acidic

Dark brown

h/o peptic ulcer or chronic liver disease

h/o malena present

Investigation: endoscopy

Causes of hemoptysis

Infection-

- TB
- Lung Abscess
- Bronchiectasis
- Pneumonia
- Fungal infection (aspergillosis blastomycosis)

Neoplasm–

- Bronchogenic ca
- Bronchial adenoma
- Metastatic tumour

CVS

- MS
- PHT
- Pulmonary embolism
- AV malformation

- **Collagen vascular disorder**
 - Vasculitis
 - Wegener's granulomatosis
 - Microscopic polyangitis
 - Churgstrass syndrome
 - Goodpasture's syndrome
- Traumatic
- Iatrogenic.
- Bleeding disorder

CHEST PAIN

- Site
- Onset
- Duration
- Severity
- Character
- Radiation
- Associated symptoms
- Aggravating/Relieving factor
- Diurnal /seasonal variation
- Retrosternal Pain :-

causes

- Upper
 - Tracheitis
- Mid and Lower
 - Mediastinitis
 - Mediastinal tumor
 - GERD
 - Achalasia cardia
- Diffuse esophageal spasm

- Pleural Inflammation – Catchy pain, increases on deep inspiration and on pressure is stabbing in character.
- Pancoast tumor– shoulder and arm pain due to compression of C8, T1-2 roots is sharp shooting pain along the course of nerve.
- Erosion of ribs – constant dull aching chest pain.
- Tietze's syndrome – costochondritis(usually 2nd costochondral junction), unknown etiology.

“Always keep ‘Angina’ in mind”