

History Taking

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General Approach

- **Introduce yourself.**
 - **Note – never forget patient names**
 - **Create patient appropriately in a friendly relaxed way.**
 - **respect patient privacy.**

- **Try to see things from patient point of view. Understand patient mental status, anxiety, irritation or depression.**

- **Listening**

- **Questioning: simple/clear/avoid medical terms , leading, , direct questions .**

Personal history

- name,
- Sex
- age,
- address,
- occupation,
- marital status.

1. Name:

To be familial with the patient & DOTs.

2. Sex:

- Diseases common in males (COPD, bronchogenic CA, occupational lung diseases)
- Diseases common in females (Bronchial adenoma, SLE, sarcoidosis)
- **3. Age:**
- Infancy and childhood (Congenital bronchiectasis, cystic fibrosis, FB aspiration, bronchial asthma, 1ry TB)
- Adolescence and adults (Bronchial asthma, post-primary TB)
- Middle age (COPD, CAP, post-primary TB, collagen vascular)
- Elderly (bronchogenic CA, IPF)

4-Residence:

-Industrial area (occupational lung diseases)

-Endemic areas of certain diseases:

◇ El Korein → Filariasis

◇ Belbas → Hydatid cyst

-Travelling abroad:

◇ western countries → AIDS, fungal infection

◇ Iraq → Hydatid, leishmania

◇ India → Filaria, TB

- For DOT program for TB treatment.

5- Marital state:

-For infertility → TB, Kartagnar syndrome, cystic fibrosis

Patient complaints

- ❖ In patient **OWN** words
- ❖ **NO Guiding** Questions
- ❖ Arranged **Chronologically**

History of presenting symptoms

Specific respiratory symptoms

- Breathlessness • Wheeze • Cough • Sputum/haemoptysis • Chest pain • Fever/rigors/night sweats • Weight loss • Sleepiness

Past medical history

- Respiratory disease
- Other illness/hospital encounters

Drug and allergy history

- Drugs causing or relieving respiratory symptoms
- Allergies to pollens/pets/dust; anaphylaxis

Social and family history

- Family history of respiratory disease
- Home circumstances/effect of and on disease
- Smoking
- Occupational history

Systematic review

- Systemic diseases involving the lung
- Risk factors for lung disease

Present Illness

COMMON SYMPTOMS OF PULMONARY DISORDERS

◎ Primary symptoms:

- *dyspnea*
- *cough*
- *chest pain*
- **sputum production**
- **hemoptysis**
- **wheezing**

◎ Secondary symptoms:

- hoarseness or voice change
- Dysphagia (difficult swallowing)
- syncope/dizziness/ fainting
- ankle swelling (peripheral edema)
- fever, chills, night sweats
- long bone, joint, muscle pain
- Respiratory failure**

COUGH

- It is an explosive expiratory manoeuvre which can be performed voluntarily or involuntarily,,,,,to remove foreign objects and abnormal excessive secretions. Most common pulmonary symptom

- Stimulation of cough receptors:

- ❖ Inflammatory
- ❖ Mechanical
- ❖ Chemical
- ❖ Thermal

- Phases of cough mechanism:

- ❖ Inspiratory.
- ❖ compression
- ❖ Expiratory.



Cough reflex

-Cough is a reflex that occurs when **afferent nerve receptors** are **stimulated** by inhaled, aspirated, or endogenous substances.

-The cough receptors lie in: (Ear,nose,pharynx, larynx, the trachea,bronchi,parenchyma,pleura). Cough receptors also are present in extrapulmonary structures, including the esophagus, diaphragm, and stomach.

- **Afferent nerve fibers vagus** pass to a **central cough** receptor in the **medulla**, triggering a forced expiratory maneuver against a closed glottis, followed by glottal opening and high-velocity expiration via

Efferents (recurrent laryngeal, phrenic and spinal nerves)

- **Types & duration:**
 - ❖ **acute: severe with a short course (< 3 weeks)**
 - ❖ **chronic: usually > 8 weeks**

Possible causes

Acute or subacute cough (0-8 weeks)

Upper respiratory tract infection
(usually viral)

Acute sinusitis

Asthma exacerbation

COPD exacerbation

Pertussis

Chronic cough (>8 weeks)

Asthma

Bronchiectasis

Chronic bronchitis

Non-asthmatic eosinophilic bronchitis

UACS

Allergic rhinitis

Non-allergic rhinitis

Chronic rhinosinusitis/Nasal polyposis

Gastroesophageal reflux disease

Cough and pulmonary neoplasia

Cough caused by medication

Postinfectious cough

Psychogenic or habit cough

COUGH

- **Effective:**
strong enough to clear the airway
- **Noneffective or inadequate:** too weak to mobilize secretions
- **Dry:**
viral, inhalation of irritants, cardiac
- **Dry progressed to productive:**
Pneumonia, BA, PE
- **productive:** suppurative syndrome, TB

Postural related

- **Supine:**
LVF, Suppuratives, mediastinal tumors post nasal drip, GERD

Timing, and setting may provide clues to cause of cough:

- 1. Early morning.....chronic bronchitis**
- 2. Nocturnal Post-nasal discharge, Bronchial asthma, PND,GERD**
- 3. In the evening Exposure to irritants during the work day**
- 4. Post-prandialGERD**
- 5. Disappear during sleepPsychogenic**

Expectoration

- *Sputum* is abnormal secretion produced in or expelled from the Broncho-pulmonary system.

It is NOT saliva...NOT nasopharyngeal in origin

SPUTUM PRODUCTION

- **Tracheobronchial tree secretes ~ 100 ml of mucus daily**
- **Usually swallowed unnoticed**
- **May need to collect and inspect mucus over 24 hours for accurate analysis**

SPUTUM DESCRIPTION:

onset ,course ,duration

- **Color, consistency, quantity, time of day produced, odor, and presence of blood or other distinguishing matter,relation to posture.**
- **Character of sputum may be indicative of a particular disorder.**

Types of sputum

Type	Appearance	cause
Serous	Clear, watery	Acute pulmonary oedema
	Frothy, pink	Alveolar cell cancer
Mucus	Clear, grey	Chronic bronchitis/COPD
	White, viscid	Bronchial asthma
Purulent	Yellow	Acute bronchopulmonary infection, Asthma (eosinophils)
	Green	Suppurative lung
Rusty	Rusty red	Pneumococcal pneumonia

Bronchorrhea:

- expectoration of more than 100cc/24hours watery fluid due to chronic bronchitis, bronchial asthma, alveolar cell carcinoma.

■ Red-current jelly sputum:

- Klebsiella pneumonia
- * bronchial carcinoma

Watery ,salty fluidruptured hydatid cyst

■ Melanoptysis (black):

- coal miners.

-**Milky sputum** → Candidiasis, chylothorax with fistula

-**Lithoptysis** → calcified LN eroding the airway, FB

-**Anchovy-sauce** → **hepatopulmonary amebiasis**

-Odor ... fetid in Anaerobic infections due to release of indole and skatol metabolites from tryptophan metabolism

-Relation to posture

-Amount- duration curve,for D.D. of:

1-Acute,chronic lung abscess

2-bronchiectasis,infected cystic lung

3-Empyema with bronchopleural fistula

HEMOPTYSIS

- Expectoration of sputum containing blood, varying in severity from slight streaking to frank bleeding.
- It is an *alarming symptom* that may herald serious disease or massive hemorrhage.

• Hemoptysis has to be differentiated from:

1- Epistaxis.

2- Spurious or false hemoptysis: its origin from above vocal cord

3- Hematemesis (Vomited blood).

Hemoptysis	Hematemesis
<ul style="list-style-type: none">-Red, frothy, fresh bl.- Alkaline pH.- Resp. symptoms.- Bl. Streaked sputum	<p>Dark & may contain food particles</p> <ul style="list-style-type: none">- Acidic pH.- GIT upset (dyspepsia).- Tarry stool.

HEMOPTYSIS causes

Pulmonary

- Airways diseases
 1. *bronchitis*
 2. bronchiectasis
 3. cystic fibrosis
- Neoplasms
 1. *bronchogenic carcinoma*
 2. bronchial carcinoid
- Inflammatory disorders
 1. *tuberculosis*
 2. pneumonia
 3. lung abscess
 4. aspergilloma
- Pulmonary vascular diseases
 1. *pulmonary thromboembolism*
 2. pulmonary vasculitis
 3. arteriovenous malformations

Cardiovascular

- Mitral stenosis
- Congestive heart failure

Miscellaneous

- Use of anticoagulants or fibrinolytics

DYSPNEA(difficult breathing)

Definitions :

Shortness of breath

- “Difficult, labored, uncomfortable breathing”,
- “awareness of breathing”,
- “ inability to get enough air or experiencing air hunger”,
- Suffocation

Common Causes

- **Physiological**
- *obesity , pregnancy,exercise,high altitude*
- **Psychological**
e.g. anxiety and stress
- **Pulmonary**
e.g. Asthma, bronchitis, emphysema, pulmonary fibrosis, pulmonary hypertension and pleurisy.
- **Cardiac**
e.g. heart failure, cardiomyopathy and pericarditis
- **Others**
e.g. acute kidney failure,anemia,fever,hypothyroidism

❖ **Comment on dyspnea:**

- 1. Onset, course, duration**
- 2. Timing**
- 3. Postural dyspnea**
- 4. Grading, severity**
- 5. Associated Precipitating, relieving factors**

Mode of onset and course:

- 1- **Sudden onset** → pulmonary embolism, pneumothorax.
- 2- **Acute** → inhalation of fumes.
- 3- **Subacute** → (progressive over weeks) → pleural effusion.
- 4- **Chronic** (progressive over months or years) → **COPD, IPF and Primary pulmonary hypertension.**
- 5- **Paroxysmal** (intermittent) → in asthma.

Timing

Paroxysmal dyspnea during night:

Start ,after 2 hrs,early morning, at down time

Seasonal dyspnea

The modified Medical Research Council (mMRC) scale

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

The modified Medical Research Council (mMRC) scale is the most commonly used validated scale to assess dyspnea in daily living in chronic respiratory diseases

CHEST PAIN

- **Questions to ask:**
 1. ***Onset, course, duration***
 2. ***Site, radiation***
 3. ***Character***
 4. ***What increases or decrease??***
 5. ***Severity***

CHEST PAIN

- **Pulmonary causes:**

- usually involves chest wall or parietal pleura
- lung parenchyma has no pain receptors but pulmonary diseases may involve pleura

- **Pleuritic pain:**

- most common symptom of pleurisy
- sharp, abrupt, stitching or stabbing
- increases with inspiration and cough
- localized or referred.

Anginal pain

- Squeezing ,
- retrosternal,
- radiates toward axilla and inner aspect of lt arm+others
- >ex.,stress,meals cold
- <rest nitroglycerin
- D.D:abdominal ,muscular pain

Chest Wheezes

Continous musical sound •
produced by narrowing of the
airways:

- spasm, edema ,plugging
- pressure from surrounding masses, LN

Comment: onset course

duration, timing, ass. sympyoms

WHEEZING

- Normally results from bronchospasm or excess mucus or fluid.
- Common in asthma but
“NOT ALL WHEEZING IS ASTHMA”
- May occur in CHF - “cardiac wheezing”.
- Localized in Br. carcinoma

D.D

- **Stridor:** continuous harsh sound caused by partial closure of upper airway mainly during inspiration as in croup

Past History

- **Previous:**
 - 1. Illnesses (pulm diseases may recur: TB, malignancies).**
 - 2. Operations.**
 - 3. Trauma to Chest/lungs.**
 - 4. Loss of consciousness, Epilepsy, coma**
 - 5. Current & past medications**
 - 6. Allergies.**

Family History

- TB,
- Bronchial asthma
- Emphysema
- Heredofamilial bronchiactasis
- Smoking

Social history & Smoking

Passive smoking increases the risk of respiratory infection and burning biomass fuels in confined spaces increases the risk of bronchitis and COPD. •

Domestic pets, especially cats and rodents, may be the cause of suboptimal asthma control. •

A pet bird, feather duvet or an infestation of mould may cause hypersensitivity pneumonitis or suboptimal asthma control. •

Tobacco : •

- What? (cigarettes, goza) and how much?.
- Use 'pack years' to estimate the risk of tobacco-related health problems .

Calculating pack years of cig. smoking = (No of cig/day*No of years)/20

Mild smoker.....up to 19

Moderate smoker.....20-49

Heavy smoker..... ≥ 50



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