RS history taking

1) Breathlessness :

Ask about :

- How did the breathlessness come on ?
- How is your breathing at rest and overnight ?
- Is your breathing normal some days ?
- Tell me something you do that would make you breathless ? How far can you walk on a good day ?
- When does the breathlessness come on ?

2) Wheeze :

Ask about :

- Is the wheeze worse during or after exercise ?
- Do you wake with wheeze during the night ?
- Do you have hay fever or other allergies ?
- Is it worse on waking in the morning and relieved by clearing sputum ?
- Do you smoke ?
- Are there daily volumes of yellow or green sputum, sometimes with blood ?

3) Cough :

Ask about :

- Duration of the cough.
- Whether it is present every day
- If it is intrusive/irresistible or whether the patient coughs deliberately to clear a perceived obstruction (throat clearing).
- Whether it produces sputum. If so, how much and what colour?
- Any triggers (such as during swallowing, in cold air, during exercise).
- Smoking
- Associated clinical features (wheeze, heartburn or reflux, altered voice or swallowing)
- Drug history, especially angiotensin-converting enzyme (ACE) inhibitors.

4) Suptum :

Ask about :

- characteristics of sputum to clarify the pathology

A) Color : Clear (mucoid) , Yellow (mucopurulent) , Green (purulent) , Red/brown (rusty) , Pink (serous/ frothy)

B) Volume : Establish the volume produced over 24 hours (fill spoon , cup)

C) Consistency : increase in stickiness (viscosity) , Large volumes of frothy secretions over weeks/ months

5) Haemoptysis :

Ask about :

- how it appeared, how much blood there was, whether there are associated features and over what time period it came on
- Was the blood definitely coughed up from the chest ?

Khaled Alhindi

6) Chest pain :

Ask about :

(can be respiratory , cardiovascular or musculoskeletal)

- SOCRATES : Site, Onset (gradual or rapid), Character, Radiation, Associated symptoms, Timing, Severity
- Lipids profile
- if there is heart diseases in the patient and patient's family.
- if there is a deaths in 1st degree relatives and the cause of death?
- Smoking , alcohol
- Homing

7) Fevers/rigors/night sweats :

Ask about :

A) Fever : patients use a range of terms to describe fever (such as shivers, chills, being 'hot and bothered', shakes), so ask for a detailed account of their symptoms using common terms.

B) Rigors : complain of feeling cold and seeking extra clothing , retention of consciousness and associated pyrexia "to differentiate from seizures"

C) Night sweats : occasional episodes of a sweaty head or pillow , if patients report having to change their nightclothes or sheets frequently due to profuse nocturnal sweating over several weeks

8) Weight loss :

Ask about :

- estimate the extent and duration of weight loss
- enquire about appetite and dietary intake

9) Sleepiness :

Ask about :

- Normal sleeping habit : does the patient keep hours that allow reasonable rest?
- Shift or night work : this can disrupt and prevent healthy sleep patterns.
- Does the person wake refreshed or exhausted ?
- Have they struggled to stay awake in the day : for example, at work or when driving?

Past medical history :

- include respiratory disease that may recur or cause long-term symptoms, and disease in other systems that may cause, complicate or present with respiratory symptoms, including thromboembolic, cardiovascular, haematological, malignant and connective tissue diseases.
- Note prior respiratory treatments (including need for critical care) and the degree of chronic symptoms, such as usual exacerbation frequency, prescription rate and hospitalisation

5.4 Previous illness relevant to respiratory history

History	Current implications
Eczema, hay fever	Allergic tendency relevant to asthma
Childhood asthma	Many wheezy children do not have asthma as adults, yet many adults with asthma had childhood wheeze
Whooping cough, measles, inhaled foreign body	Recognised causes of bronchiectasis, especially if complicated by pneumonia
Pneumonia, pleurisy	Recognised causes of bronchiectasis Recurrent episodes may be a manifestation of bronchiectasis
Tuberculosis	Reactivation if not previously treated effectively Respiratory failure may complicate thoracoplasty Mycetoma in lung cavity may present with haemoptysis
Connective tissue disorders, e.g. rheumatoid arthritis	Lung diseases are recognised complications, e.g. pulmonary fibrosis, effusions, bronchiectasis Immunomodulatory treatments of these diseases may also cause pulmonary toxicity or render patients susceptible to respiratory infection
Previous malignancy	Recurrence, metastatic/pleural disease Chemotherapeutic agents recognised causes of pulmonary fibrosis Radiotherapy-induced pulmonary fibrosis
Cancer, recent travel, surgery or immobility	Pulmonary thromboembolism
Recent surgery, loss of consciousness	Aspiration of foreign body, gastric contents Pneumonia, lung abscess
Neuromuscular disorders	Respiratory failure Aspiration

Drug and allergy history :

- Note all drugs that the patient is currently using, including inhalers, nebulised bronchodilators and domiciliary oxygen, non-prescription remedies and recreational drugs.
- Always ask and record whether the patient has any known allergies, as allergic asthma is far more common in those with a history of atopy.

5.5 Respiratory problems caused by drugs

Respiratory condition	Drug
Bronchoconstriction	Beta-blockers Opioids Non-steroidal anti-inflammatory drugs
Cough	Angiotensin-converting enzyme inhibitors
Bronchiolitis obliterans	Penicillamine
Diffuse parenchymal lung disease	Cytotoxic agents: bleomycin, methotrexate Anti-inflammatory agents: sulfasalazine, penicillamine, gold salts, aspirin Cardiovascular drugs: amiodarone, hydralazine Antibiotics: nitrofurantoin Intravenous drug misuse
Pulmonary thromboembolism	Oestrogens
Pulmonary hypertension	Oestrogens Dexfenfluramine, fenfluramine
Pleural effusion	Amiodarone Nitrofurantoin Phenytoin Methotrexate Pergolide
Respiratory depression	Opioids Benzodiazepines

Family history :

- Ask about a family history of asthma, although this is common in the population and therefore not highly predictive.
- Respiratory diseases with a known genetic cause are relatively rare.
- Most patients with cystic fibrosis have unaffected carrier parents but many have affected siblings.

Social history :

Always start by identifying the patient's normal level of daily activity and the impact of their recent symptoms on this. Can they still manage their work, their self-care and any caring they deliver?

1) Home circumstances :

- Patients limited by chronic respiratory conditions may become confined to their own homes, particularly if they become too breathless to manage stairs.
- Ask about their home environment and what support they receive to enable them to function.

2) Smoking :

- Obtaining an honest and accurate history of tobacco use is difficult and is covered on .
- Ask if others smoke in the house; this can be a major obstacle to smoking cessation. Remember also to enquire about the use of cannabis and e-cigarettes.

3) Occupational history

- Many respiratory diseases are caused by occupational or domestic exposure to inhaled substances.
- Ask the patient what work they have done, starting with their first job.
- Look out for the occupations listed in the Fig below , and also record the employers' names, the dates and duration of exposure, and whether any protective masks were offered or used.