Common Chest Histories



Presenting	Exploding symptom	Relevant system reviews	Differential diagnoses		Clues to differential
complaint			Grouping	Differentials	7
Chest pain	<mark>S</mark> ite Onset Character Radiation	<u>General</u> Fever, sweats <u>Cardiorespiratory</u>	Cardiac	Myocardial infarction	 Crushing central chest pain Radiates to neck/left arm Associated nausea/SOB/sweatiness Cardiovascular risk factors
	Associated symptoms Timing Exacerbating/relieving factors	Palpitations, SOB/wheeze, cough, sputum, leg swelling		Angina	•Cardiac-type chest pain •Associated with exertion •Relieved by rest
	<mark>S</mark> everity			Aortic dissection	•Tearing chest pain of <u>very</u> sudden onset •Radiates to back •Pain in other sites e.g. arms, legs, neck, head
				Pericarditis	 Retrosternal/precordial pleuritic chest pain Relieved by sitting forward May radiate to trapezius ridge/neck/ shoulder
			Respiratory	Pulmonary embolism	 Pleuritic chest pain Haemoptysis & SOB Risk factors (long haul flight, recent surgery, immobility)
				Pneumothorax	 Sudden onset pleuritic chest pain May be SOB if large Risk factors e.g. Marfan's appearance, COPD/asthma
			Non- cardiorespiratory	Gastro- oesophageal reflux disease	Retrosternal burning chest pain Related to meals, lying, straining Water brash
				Anxiety/panic attack	 Tight chest pain, SOB, sweating, dizziness, palpitations, feeling of impending doom Anxious personality & other symptoms of generalised anxiety disorder Recurrent episodes triggered by a stimulus (e.g. crowds)
				Musculoskeletal	 Sharp chest pain Exacerbated by movement and inspiration Can point to where it is worse Exacerbated by pressure over area
			Other differentials	Costochondritis and with tenderness) Pleurisy (sharp unilat Gastritis Myocarditis	Tietze's syndrome (sharp pleuritic sternal pain teral pleuritic chest pain)

Breathlessness	Timing	<u>General</u>	Cardiac	Myocardial infarction	 Acute onset SOB, often wakes them 	
	•When started	Fever, sweats			 Associated nausea/sweatiness 	
	 Acute/ gradual onset 				 May be crushing central chest pain 	
	 Duration 	<u>Cardiorespiratory</u>			 Cardiovascular risk factors 	
	 Progression 	Chest pain, palpitations, cough,		Congestive cardiac	 SOB, orthopnoea, PND 	
	 Intermittent or continuous 	sputum, leg swelling		failure	 Pink frothy sputum if acute LVF 	
					 Peripheral oedema 	
	<u>Breathlessness</u>				Cardiac history	
	 Exertion tolerance, what 		Respiratory	LRTI/pneumonia	 Acute SOB, cough & sputum 	
	makes them stop				 Systemic symptoms e.g. fever 	
	 Orthopnoea 			Asthma	 Intermittent wheeze 	
	Paroxysmal nocturnal				 Diurnal variation 	
	dyspnoea				 Nocturnal cough 	
	 Diurnal/seasonal variation 				 Exacerbating factors e.g. exercise, pets 	
				COPD	Chronic SOB	
					 Significant smoking history 	
					 Chronic sputum production 	
				Pneumothorax	 Sudden onset pleuritic chest pain 	
					 Risk factors e.g. Marfan's appearance, 	
					COPD/asthma	
				Pulmonary embolism	 Pleuritic chest pain 	
					 Haemoptysis 	
					 Risk factors (long haul flight, recent 	
					surgery, immobility)	
				Pulmonary fibrosis	 Progressive SOB over long period 	
					•Dry cough	
			Other Anaemia	Anaemia		
			differentials	Hyperventilation in anxi	ety	
				Pleural effusion		
				DKA		
				Lobar collapse		
				Bronchiectasis		
				Aortic stenosis		
				Neuromuscular causes		
				Sarcoidosis/TB		
				Extrinsic allergic alveolit	tis	

Cough	Timing	General	Respiratory	URTI/LRTI/	•Acute cough & sputum
	•When started	Fever, sweats, weight loss	,	pneumonia	May be associated SOB
	 Acute/ gradual onset 	, , , ,			•Systemic symptoms e.g. fever
	Duration	Cardiorespiratory		Asthma	Nocturnal cough
	 Progression 	Chest pain, palpitations,			 Intermittent wheeze
	 Intermittent or continuous 	SOB/wheeze, leg swelling			Diurnal variation
					 Exacerbating factors e.g. exercise, pets
	Cough			Post-nasal drip	 Chronic rhinitis/ sinusitis
	 Productive or non-productive 				 Chronic cough to clear throat
	 Triggers, nocturnal 				
				COPD	•Chronic productive cough & sputum
	Sputum (if present)				•Chronic SOB
	•How much, how often			D. L	Significant smoking history
	•Colour, consistency			Pulmonary empolism	Haemoptysis Discritic shart asia & COD
	•Any blood				•Pieuritic chest pain & SOB
					• Risk factors (long hau flight, recent
	Haemoptysis (if present)				surgery, immobility)
	•Volume			Lung tumour	Haemoptysis
	•Fresh or altered blood				• weight loss
	•Frequency		01	CODD	•Significant smoking history
	•Nature of associated sputum		Other	GORD	
	If any? Mixed in?		differentials	Smoking	
					-
				Drugs (e.g. ACE-Inhibito	ir)
				Bronchiectasis	
				Interstitial lung disease	
				Sarculuusis/TB	
				Cystic fibrosis	

Haemoptysis	Timing	General	Respiratory	Pneumonia	 Acute cough & sputum
	 When started 	Fever, sweats, weight loss			 May be associated SOB
	 Acute/ gradual onset 				 Systemic symptoms e.g. fever
	Duration	Cardiorespiratory		Pulmonary embolism	 Pleuritic chest pain & SOB
	 Progression 	Chest pain, palpitations,			 Risk factors (long haul flight, recent
	 Intermittent or continuous 	SOB/wheeze, leg swelling			surgery, immobility)
				Lung tumour	•Weight loss
	<u>Cough</u>				 Significant smoking history
	 Productive or non-productive 		Other	Prolonged coughing	
	 Triggers, nocturnal 		differentials	Pulmonary oedema	
				Bronchiectasis	
	<u>Haemoptysis</u>			Mitral stenosis	
	•Volume			ТВ	
	 Fresh or altered blood 			Laryngeal carcinoma	
	 Frequency 			Polyarteritis nodosa	
	 Nature of associated sputum 			Goodpasture's syndrom	e
	if any? Mixed in?			Aspergillosis	
	Sputum (if present)				
	 How much, how often 				
	 Colour, consistency 				
	Any blood				