

# Dyspnea

## Focused History

### History of Present Illness

Dyspnea is a sensation of breathlessness.

*Note:* Orthopnea is dyspnea in recumbence. Paroxysmal nocturnal dyspnea is attacks of breathlessness awaking patient from sleep, usually relieved by sitting up or getting up.

1. **Character:** Make sure what the patient means.
2. **Circumstances:** Toxic or environmental exposure? History of upper respiratory infection?
3. **Exacerbating factors:** Activity? (Quantify the level of activity, e.g., one flight of stairs, one block.) Is the shortness of breath related to cold, exercise, or allergens?
4. **Alleviating factors:** Rest, change in position, or over the counter or prescription medicines?
5. **Severity:** Does it stop the patient from doing what they want or need to do?
6. **Associated symptoms:**
  - Systemic: Fever, chills (visible shaking, not just cold feeling), sweating, weakness?
  - Cardiovascular: Edema or chest discomfort? If yes, is it pleuritic?
  - Pulmonary: Cough? If yes, specifically ask about sputum production and hemoptysis.
  - GI: Heartburn or dysphagia?
7. **Timing:** Including pattern, onset, duration, and "why now?"
8. **Relevant past history and problems**  
Consider asking about:
  - Cardiac or pulmonary disease, including hypertension, asthma, COPD (air hunger can cause abdominal bloating, which increases dyspnea), interstitial lung disease, or history of aspiration (usually in elderly or impaired).
  - Diabetes (possible anginal variant), hypertension (can cause CHF), aspiration (usually in elderly).
  - Consider pulmonary embolus if recent trauma or surgery, prolonged inactivity, stroke, or phlebitis.
  - Anemia: Sickle cell anemia, history of bleeding (including heavy menses), etc.
  - Renal disease (can cause dyspnea and can affect drug treatment).
  - Neuromuscular weakness
  - Medications and allergies.

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## Focused Physical Exam

1. **Vital signs:** Include temperature, consider pulsus paradoxus.
2. **General appearance:** In distress or not? Pale or sweating?
3. **Systemic exam** if systemic symptoms indicate.
4. **HEENT:** neck vein height, wave form, carotid upstroke.
5. **Chest/lungs:** Accessory muscle use, lung sounds.
6. **Cardiovascular:** PMI size and location, heart sounds (gallops, murmurs, or rubs).
7. **Abdomen:** Inspection, palpation, auscultation, percussion.
8. **Extremities:** Pulses, peripheral edema, cyanosis.
9. **Other parts** of physical exam as indicated.