Taking a respiratory history

Taking a respiratory history is pretty much similar to taking a cardiovascular history as they share many common symptoms. In this section, we will focus on respiratory conditions. Taking shortness of breath as an example, we commonly see this presenting complaint both in the hospital and community. So how do we take a (cardio-) respiratory history?

There are FOUR main components to ask a patient when taking a respiratory history

- **Shortness of breath**
    - Important to quantify patient's baseline ie how far can they walk prior to having symptoms
    - Compare their baseline against current ability
    - Is there any particular time/place/situation where tend to develop SOB?
    - When did it start and how has it progressed since then?
- **Chest pain**
    - SOCRATES-ised the chest pain
- **Cough**
    - Onset of cough
    - Productive or dry; if productive, what's the colour of the phlegm
    - Haemoptysis?
- **Red flags**
    - Unintentional weight loss – how much and since when
    - Loss of appetite
    - Night sweats
    - Haemoptysis
    - Fever

Other symptoms to cover in a history (according to patient's history)

- Wheeze – any particular time of the day/situation?
- Orthopnoea – any changes to the number of pillows they need to sleep? Can they lie flat?
- Paroxysmal nocturnal dyspnea – do they wake up in the middle of the night gasping for air?
- Swelling of their leg – unilateral or bilateral
- Unilateral leg swelling which is red and warm to touch

Then ask about past medical histories, drug histories and family histories, especially those that are significantly related to respiratory conditions

Social history

- Smoking
    - Are they a current smoker/ex-smoker or non-smoker
    - Count pack years, sounds more professional when you present to your colleague. One pack year is equivalent to 20 cigarettes per day
- Alcohol
- Independent living (especially for chronic conditions)
    - Who are they living with?
    - Where do they live?
- How independent are they in terms of getting food, shopping, cleaning, moving around etc.
- Occupation

Remember, a good history is a patient-centred history. So explore patient's ideas, concerns and expectations with empathy, not just a tick box. Listen to their worries and invite them to suggest how they can help themselves.

NB: when there is time constrain such as in an OSCE situation, as patient shares more of their symptoms, you should be able to narrow down to a few differentials. Based on these differentials, target your questions to rule in/out each of them. For example, there is not much point to have a detailed SOCRATES about chest pain when your patient is describing what it looks like a pulmonary embolism. All you need is to ask for pleuritic chest pain and utilize your remaining time to explore other symptoms