

HISTORY

HPC	<ul style="list-style-type: none">• Duration symptoms• Speed of onset: Sudden / Gradual• Fevers• Sputum: None / Clear / Yellow-Green / Frothy / Haemoptysis• Chest Pain: Cardiac / Pleuritic / Palpitations• PE risk factors: Recent surgery / Immobility• Heart failure symptoms: Oedema, Orthopnoea, PND
PMH	<ul style="list-style-type: none">• Asthma: ITU admission / Brittle• COPD: Recent IECOPD, Needed NIV?• Lung disease: Interstitial lung disease / Malignancy• Anaphylaxis• Cardiac: IHD / MI / Heart failure• PE risk factors: Cancer / Previous DVT / PE
DH	<ul style="list-style-type: none">• Inhalers• Nebulisers• LTOT• GTN• VTE prophylaxis• Allergies / New medications
SH / FH	<ul style="list-style-type: none">• Smoking status: Non / Current / Ex• Exercise tolerance: Normal / Low• VTE / IHD risk factors: 1st degree FH

EXAMINATION

GENERAL OBSERVATIONS	<ul style="list-style-type: none">• Increased work of breathing• Distressed• Patient cyanosed
AIRWAY	<ul style="list-style-type: none">• Ensure airway patent• Stridor• Facial / Tongue swelling
BREATHING	<ul style="list-style-type: none">• Physical Observation: FiO₂ / RR / SaO₂• Tracheal position: Central / Deviated• Auscultation: Wheeze / Crackles / Air entry / Silent Chest• Percussion: Dull / Hyperresonance• Chest expansion: Equal / Unequal / See-Saw• Sputum: Clear / Yellow-Green / Frothy / Haemoptysis
CIRCULATION	<ul style="list-style-type: none">• Physical Observation: HR / BP• Fluid input-output: Fluid balance• Heart sounds: Murmurs• JVP: Not visible / <2cm / Raised• Calves: SNT / Erythema / Painful• Peripheries: Unilateral swelling / Bilateral swelling / Pitting oedema / Sacral oedema
DISABILITY	<ul style="list-style-type: none">• Physical Observation: Temp• GCS: Consider protection of airway• PERL: Normal / Constricted / Dilated• CBG: Normal / Hypoglycaemic / Hyperglycaemic + ketotic
EXPOSURE	<ul style="list-style-type: none">• Rash: Urticaria / Petechiae (fat embolism)• Abdo: SNT / Distended

INVESTIGATIONS

BLOODS	<ul style="list-style-type: none">• FBC / U&E / CRP• Troponin: If Chest pain• D-Dimer: If suspected DVT/PE and WELLS ≤ 4	
ABG	<ul style="list-style-type: none">• pH• pO₂ / pCO₂• HCO₃⁻• Lactate	<ul style="list-style-type: none">• Hb• Electrolytes• Glucose
CXR	<ul style="list-style-type: none">• Consolidation• Effusion• Collapse• Pneumothorax• Masses	
ECG	<ul style="list-style-type: none">• Rate• Rhythm: Arrhythmia• Ischaemia: ST segment / T wave inversion / New LBBB• Right heart strain: Right Axis / S1Q3T3 / TWI V1-3, inf leads	
MICRO	<ul style="list-style-type: none">• Blood Cultures: If Temp > 38• Sputum: MC&S / AFB• Atypical screen: Serum mycoplasma serology / Urinary Legionella & Urinary Pneumococcus antigens	
PEFR (asthma)	<ul style="list-style-type: none">• Calculate Predicted• PEFR CALC	
CTPA	<ul style="list-style-type: none">• +ve D-Dimer• WELLS score ≥ 5• PE	<div>DISCUSS WITH SENIOR</div>

POTENTIAL DIFFERENTIALS

ACUTE ASTHMA	EXACERBATION COPD	PNEUMONIA
ACS	PE	HEART FAILURE
PNEUMOTHORAX	ANAPHYLAXIS	
LUNG MALIGNANCY	ACUTE ABDOMEN	