

HISTORY

HPC	<ul style="list-style-type: none">• Duration of symptoms• Speed of onset: Sudden / Gradual• Haemoptysis: Volume / Clots• Infective symptoms: Fever / Rigors / Cough + sputum• PE symptoms: Chest pain / SOB / Pleuritic pain• Anemia symptoms: Chest Pain / SOB / Lethargy / Postural Hypotension• Recent surgery / trauma : Thorax / Oral• Malignancy symptoms: Weight loss / Malaise• Vasculitic symptoms: Haematuria / Fever / Rash / Generalised aching / weakness
PMH	<ul style="list-style-type: none">• Chronic lung disease / Lung malignancy• Cardiac: IHD / MI / Heart failure• Liver disease• Coagulation disorders• Vasculitic disease• PE risk factors: Cancer / Previous DVT / PE
DH	<ul style="list-style-type: none">• Anti-platelets• Anticoagulation• NSAIDS / Steroids
SH / FH	<ul style="list-style-type: none">• Smoking status: Non / Current / Ex• VTE / IHD risk factors: 1st degree FH• Alcohol excess

EXAMINATION

GENERAL OBSERVATIONS	<ul style="list-style-type: none">• Increased work of breathing• Distressed / Pain• Patient cyanosed / pallor
AIRWAY	<ul style="list-style-type: none">• Ensure airway patent
BREATHING	<ul style="list-style-type: none">• Physical Observation: FiO₂ / RR / SaO₂• Auscultation: Wheeze / Crackles / Air entry• Sputum: Haemoptysis
CIRCULATION	<ul style="list-style-type: none">• Physical Observation: HR / BP• Fluid input-output: Fluid balance• Heart sounds: Murmurs• Calves: SNT / Erythema / Painful• CRT: Central / Peripheral• Mucus membranes: Moist / Dry
DISABILITY	<ul style="list-style-type: none">• Physical Observation: Temp• GCS
EXPOSURE	<ul style="list-style-type: none">• Rash: Petechiae (fat embolism) / Vasculitic

INVESTIGATIONS

BLOODS	<ul style="list-style-type: none">• FBC / U&E / CRP• LFT• Clotting / Group and Save• D-Dimer: WELLS score < 5
ABG / VBG	<div>ABG if low SaO₂ / concern pO₂<ul style="list-style-type: none">• pH• pO₂ / pCO₂• HCO₃⁻• Lactate</div> <div><ul style="list-style-type: none">• Hb• Electrolytes• Glucose</div>
ECG	<ul style="list-style-type: none">• Rate• Rhythm: Arrhythmia• Ischaemia: ST segment / T wave inversion / New LBBB• Right heart strain: Right Axis / S1Q3T3
MICRO	<ul style="list-style-type: none">• Blood culture: If Temp > 38• Sputum culture: If productive cough
VASCULITIC SCREEN	<ul style="list-style-type: none">• If suspected discuss with Rheumatology tests required
CXR	<ul style="list-style-type: none">• Masses• Consolidation
CTPA	<div><ul style="list-style-type: none">• +ve D-Dimer• -or-• WELLS score ≥ 5</div> <div>DISCUSS WITH SENIOR</div>

POTENTIAL DIFFERENTIALS

PE	PNEUMONIA / CHEST INFECTION	COAGULATION DISORDER / ANTICOAGULATION
LUNG MALIGNANCY	BRONCHIECTASIS CHRONIC BRONCHITIS	VASCULITIS
EXCESSIVE COUGHING	THORAX / ORAL TRAUMA / SURGERY	