**Patient Details**

* **Name**: John Adams
* **Age**: 45
* **Gender**: Male
* **Date of Visit**: November 1, 2024

**Chief Complaint**

The patient presents with persistent shortness of breath, a chronic dry cough, and occasional chest tightness for the past two months. He reports increased difficulty in breathing, especially during exertion, and a recent episode of dizziness.

**History of Present Illness**

John Adams, a 45-year-old male, reports that he started experiencing shortness of breath approximately two months ago, initially only during physical exertion but now occurring even at rest. He also describes a dry, non-productive cough that worsens at night and after physical activity. Over the past week, he has noticed occasional episodes of chest tightness but denies any severe chest pain. The patient recalls experiencing a dizzy spell two days ago, which resolved spontaneously after sitting down.

He denies any fever, weight loss, or night sweats. He reports no history of heart disease but has a 10-year history of smoking (approximately half a pack per day). He has tried quitting multiple times without success. No history of recent travel, known exposure to infections, or use of recreational drugs.

**Past Medical History**

* Asthma diagnosed at age 30 but has not required medication for several years.
* History of seasonal allergies.
* No previous surgeries or hospitalizations.

**Medications**

* Uses an over-the-counter antihistamine occasionally during allergy season.
* No current prescription medications.

**Family History**

* Father: Died of lung cancer at age 68, history of heavy smoking.
* Mother: Hypertension, managed with medication.
* No family history of asthma or chronic lung disease.

**Social History**

* Occupation: Construction worker, exposed to dust and fumes at job sites.
* Smoking: Smokes approximately 10 cigarettes per day for the past 10 years.
* Alcohol: Social drinker, 2-3 drinks per week.
* Exercise: Limited due to shortness of breath; previously active with outdoor sports.
* Denies use of recreational drugs.

**Review of Systems**

* **General**: No fever, chills, or recent weight changes.
* **Respiratory**: Persistent dry cough, shortness of breath, chest tightness.
* **Cardiovascular**: No palpitations, chest pain, or swelling in extremities.
* **Gastrointestinal**: No nausea, vomiting, or abdominal pain.
* **Neurological**: Reports one episode of dizziness; no headaches, visual changes, or weakness.

**Physical Examination**

* **Vital Signs**:
  + Blood pressure: 132/85 mmHg
  + Heart rate: 88 bpm
  + Respiratory rate: 20 breaths per minute
  + Temperature: 98.2°F
  + Oxygen saturation: 92% on room air
* **General Appearance**: Alert, slightly anxious, in no acute distress.
* **Respiratory Exam**:
  + Bilateral wheezes heard on auscultation, especially in the lower lung fields.
  + Mild use of accessory muscles noted during respiration.
  + No crackles or rhonchi.
* **Cardiovascular Exam**: Normal heart sounds, no murmurs, rubs, or gallops.
* **Abdominal Exam**: Soft, non-tender, no organomegaly.
* **Neurological Exam**: Cranial nerves intact, motor strength 5/5 in all extremities.

**Laboratory & Imaging Results**

* **CBC**: Normal white blood cell count, mild eosinophilia noted.
* **Chest X-ray**: Hyperinflation of lung fields, no evidence of pneumonia or pleural effusion.
* **Pulmonary Function Test**: Decreased FEV1/FVC ratio, consistent with obstructive lung disease.
* **EKG**: Normal sinus rhythm, no evidence of ischemia.

**Assessment & Diagnosis**

1. **Chronic Obstructive Pulmonary Disease (COPD)**, likely related to smoking and occupational exposure.
2. **Exacerbation of Asthma**, potentially triggered by environmental factors and smoking.
3. **Smoking-Related Lung Damage**, with possible early signs of emphysema.

**Plan & Recommendations**

1. **Medications**:
   * Prescribed a **short-acting bronchodilator (Albuterol)** inhaler, to be used as needed for relief of symptoms.
   * Started on a **low-dose inhaled corticosteroid** to reduce airway inflammation.
   * Prescribed a **nicotine patch** to assist with smoking cessation.
2. **Lifestyle Modifications**:
   * Strongly advised smoking cessation and provided resources for support groups.
   * Recommended using a mask at work to minimize exposure to dust and fumes.
   * Suggested avoiding strenuous physical activities until symptoms are controlled.
3. **Follow-Up**:
   * Pulmonary function tests to be repeated in 3 months to assess improvement.
   * Referral to a pulmonologist for further evaluation if symptoms persist.
   * Scheduled a follow-up visit in 4 weeks to monitor response to treatment.

**Patient Education & Counseling**

* Educated the patient on the risks of smoking and its contribution to COPD and asthma exacerbations.
* Discussed the importance of adherence to prescribed inhalers and regular follow-up.
* Encouraged the patient to engage in pulmonary rehabilitation exercises as tolerated.