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For patients with fatigue it is important to take not first of what are the possible system involved in these patient and thereon you can narrow down your diagnosis

1. Cardiovascular patients

- Angina pectoris
- Congestive heart failure

2. Respiratory system

- COPD
- Infectious disease

3. Haematological

- Anemia

4. GI

- Problems of absorption
- Obstruction

5. Liver

- Cirrhosis - the liver synthesized important compounds such as albumin, glucose and many more

6. Malignancies of any kind may lead to cachexia

7. Endocrine disoreders

Chief Complaint: Fatigue or shortness of breath, dyspnea
History of Present Illness: Rate of onset of dyspnea (gradual, sudden),

dyspnea on exertion, chest pain. Past episodes, aggravating or relieving factors, cough, fever, drug allergies. Difficulty ambulating?. Symptoms such as tachypnea or diaphoresis, Poor weight gain.

Past Medical History: Hypertension, asthma, diabetes.

Medications: Ask for maintenance medications to know if they are already

diagnosed and treated for a chronic disease
Past Treatment or Testing: Cardiac testing, x-rays, ECGs, CBC,

Physical Examination
General Appearance: Respiratory distress, dyspnea, pallor. Note whether the

patient looks "ill" or well.
Vital Signs: BP (supine and upright), pulse (tachycardia), temperature,

respiratory rate (tachypnea), wieght and height and BMI - obesity is related with many comorbidities
HEENT: Jugular venous distention.
Chest: Intercostal retractions, dullness to percussion, stridor, wheezing,

crackles, rhonchi.
Heart: Lateral displacement of point of maximal impulse, hyperdynamic

precordium; irregular, rhythm; S3 gallop, S4, murmur.

Abdomen: Hepatomegaly, liver tenderness, splenomegaly.

Extremities: Cool extremities, edema, pulses, cyanosis, clubbing.

Laboratory Evaluation: O saturation, chest x-ray (cardiomegaly, effusions, 2

pulmonary edema), other routine laboratories can often give you alot of clues such as CBC, urinalysis, BUN creatinine, ABG, AST, ALT liver enzymes.

Differential Diagnosis: base it from aforementioned