History and Physical:

Historical Findings	Physical Findings
- Use of inhaled medications, steroids, diuretics, antihypertensive medications - Smoking - Fever - Productive cough - Recent surgery	- Dyspnea, tachypnea - Cyanosis - Clubbing - Edema (pulmonary, pedal, ascites, pre-sacral) - Wheezing, rales, rhonchi, absent/decreased breath sounds, stridor - Chest pain - Bronchoconstriction - Jugular Venous Distention (JVD)

Assessment:

- C.A.B.C.
- Secondary Assessment
- Vital Signs (orthostatic)
- BGL
- Temperature
- Lung sounds
- GCS
- OPQRST
- ASPN
- SAMPLE

	Breath sounds	Effort	Edema	Cough	Onset	History	Medications	SpO2	EtCO2	JVD	Vitals
CHF	Rales, possible wheezing	Labored	Maybe	Clear, white or blood tinged sputum	Sudden	HTN, Cardiac, CHF	K-Dur, Lasix, Lanoxin	↓	↑	Maybe	Irregular HR (a-fib), ↑ BP
COPD	Wheezing, could be silent	Barrel chested, tripod	No	Productive, Sputum	Chronic	COPD	Bronchodilators, Steroids	↓	↑		
Asthma	Wheezing, could be silent	Grunting, retractions, gasping	No	Productive, Sputum	Acute	Asthma	Bronchodilators, Steroids	↑ early ↓ late		No	
Pneumonia	Rales, possible wheezing, congestion	Pleuritic pain		Productive, Yellow-green	Over several days	General sickness, fatigue, fever	Various			No	
Pulmonary Embolis	Crackles, wheezes?	Pleuritic pain	Maybe	Maybe	Sudden	recent surgery, bed ridden		↓	↓	Maybe	↓ BP ↑HR
Allergic Reactions	Wheezing	Stridor, Shallow	Maybe	Maybe	Sudden	New medication, insect sting/bite		↓			↓ BP ↑HR
Hyperventilation	Clear	Carpapedal spasms, chest pain			Sudden	No significant medical history		↑	↓		
Cardiac event	possible wheezes					Cardiac, Bypass surgery, possibly none					
Mass (tumor, FBAO, etc)	Unilateral										