

# Cough

## Focused History

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### History of Present Illness

*Note:* there is a “thoracic” set of questions you can ask for chest pain, cough, dyspnea. Note the similarities.

1. **Character/circumstance:** Productive or not, hacking, hemoptysis.
2. **Exacerbating/alleviating factors:** Look for triggers (e.g., only at work or after mowing lawn). Over the counter or prescription drugs.
3. **Associated symptoms:**
  - Systemic: Fever, shaking chills, sweats, weight loss.
  - Cardiac and pulmonary: Dyspnea, chest pain.
  - HEENT: Sneezing, postnasal drip.
  - Gastrointestinal: Heartburn.
4. **Severity:** Affecting work or sleep? Causing syncope or incontinence?
5. **Timing:**
  - Pattern: acute or chronic, constant or intermittent?
  - Onset?
  - Duration?
  - Why is patient coming in now?
6. **Relevant past medical history:** Asthma, atopy, drug allergies (always), currently taking or recently run out of any medications, exposure to TB or other infectious diseases?
7. **Relevant social history:** Travel or immigration, occupation and hobbies (i.e., glue or chemical exposures), alcohol or tobacco use, new pets or rugs, etc. What is patient’s concern?
8. **Relevant family history:** Atopy, asthma, eczema, TB exposure.

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## Focused Physical Exam

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1. **Vital signs:** Include temperature, consider pulsus paradoxus.
2. **General appearance:** How sick does patient look?
3. **Systemic exam** if systemic symptoms indicate.
4. **HEENT:** Nasal passage, sinuses, throat, adenopathy, neck veins if considering cardiac problem.
5. **Chest/lungs:** Accessory muscle use, retractions, percussion, lung sounds.
6. **Cardiovascular:** PMI size and location, heart sounds (gallops, murmurs, or rubs).
7. **Other parts** of physical exam as indicated.