Cardiopulmonary Symptoms

Chapter 3
Cardiopulmonary Symptoms

• As a Respiratory Therapist you will encounter patients with a variety of symptoms.
• It is necessary to become familiar with these symptoms and their characteristics in order to ask relevant questions and provide optimal care.
Interviewing the Patient

- “connect” with the patient
- Social space
- Personal space
- No two interviews are the same
Guidelines for Effective Patient Interviewing

1. Project a sense of undivided interest in the patient
2. Establish your professional role during the introduction
3. Show your respect for the patient’s beliefs, attitudes, and rights
4. Use a relaxed, conversational style
Identify and Characterize Symptoms

- When did it start?
- How severe is it?
- Where on the body is it?
- What seems to make it better or worse?
- Has it occurred before?
- Evaluating the symptom over the course of therapy/hospitalization – Has this symptom changed in any way since admission? Does the therapy seem to make a difference?
Cardiopulmonary Symptoms

- COUGH
- SPUTUM
- HEMOPTYSIS
- DYSPNEA
- CHEST PAIN
- SYNCOPE
- DEPENDENT EDEMA
- FEVER, CHILLS, NIGHT SWEATS
- HEADACHE, ALTERED MENTAL STATUS
- SNORING
Cough

Produced by:
- Inflammatory
- Mechanical
- Chemical
- Thermal
- Tactile (ear canal) stimulation

Three phases
- Inspiratory
- Compression
- Expiratory
Effectiveness of a Cough

• Effectiveness is determined by:
  – The depth of inspiration
  – Amount of pressure that can be generated in the airways

• Effectiveness is reduces when:
  – Weakness of either the inspiratory or expiratory muscles
  – Inability of the glottis to open or close
  – Obstruction, collapsibility or alteration in shape or contours of the airway
  – Decrease in lung recoil (emphysema)
  – Abnormal quantity or quality of mucus production
Cough

- Acute
- Chronic
- Paroxysmal

- Effective
- Inadequate
- Productive
- Dry
- Barking
- Brassy/hoarse
- Inspiratory stridor
- Wheezy
- Chronic productive
- Hacking
Sputum

• Substance expelled from the tracheobronchial tree, pharynx, mouth, sinuses, and nose
• Phlegm strictly refers to the substances expelled from the lungs and tracheobronchial tree
## Sputum Description

<table>
<thead>
<tr>
<th>Consistency</th>
<th>Sputum Analysis</th>
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</thead>
<tbody>
<tr>
<td>Thick</td>
<td>Clear</td>
</tr>
<tr>
<td>Thin</td>
<td>Black</td>
</tr>
<tr>
<td>Viscous</td>
<td>Brown</td>
</tr>
<tr>
<td>Tenacious</td>
<td>Frothy white or pink</td>
</tr>
<tr>
<td>frothy</td>
<td>Sand or small stone</td>
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<tr>
<td></td>
<td>Purulent</td>
</tr>
<tr>
<td></td>
<td>Mucoid</td>
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<tr>
<td></td>
<td>Mucopurulent</td>
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</tbody>
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Hemoptysis

- Frequent causes
- Infrequent causes
  - Pulmonary
  - Cardiopumonary
  - Systemic
  - Pseudohemoptysis

- Streaky hemoptysis
- Massive hemoptysis
- Hematemesis
Dyspnea

• Most distressing symptom of respiratory disease
• Cardinal symptom of cardiac disease
• Subjective experience
Dyspnea Scoring Systems

- Visual analog scales
- Modified Borg scale
- ATS shortness of breath scale
- UCSD Shortness of Breath questionnaire
Dyspnea

Clinical Types
- Physiologic
- Restrictive
- Obstructive
- Cardiac
- Circulatory
- Chemical
- Central
- Psychogenic

- Acute
- Chronic
- Progressive
- Recurrent
- Paroxysmal
- Episodic
- Paroxysmal nocturnal dyspnea
- Orthopnea
- Treopnea
- Platypnea
- Orthodeoxia
- Inspiratory
- Expiratory
Chest Pain

- Cardinal symptom of heart disease
- Can also result from musculoskeletal disorders, trauma, drug therapy, indigestion, anxiety
- Pulmonary causes involve the chest wall or parietal pleura
Syncope

- Vasovagal syncope
- Orthostatic hypotension
- Carotid sinus syncope
- Tussive syncope
Dependent Edema

- Peripheral
- Bilateral
- Unilateral
- Pitting
Fever, Chills, and Night Sweats

- Fever
  - Sustained
  - Remittent
  - Intermittent
  - Relapsing
  - Unknown origin

- Chills
  - rigors

- Diaphoresis
  - Night sweats
Headache

- Inadequate oxygenation
- Cerebral hypoxia
- hypercapnea
Snoring

- Concern when accompanied by apnea
- Habitual
- Occasional