

Causes of Dyspnea – Typical Findings

Airway Obstruction	Scene Size-up	History	Physical Exam
Foreign Body	Evidence of meal or snack	Sudden onset while eating; foreign body sensation in throat	Possible visible foreign body
Infection		Gradual onset; pain on swallowing	Fever, difficult opening mouth
Anaphylaxis	Evidence of a meal, medication, or outdoor environment (insect bite)	Sudden onset after ingesting food or medication or after insect bite	Itchy rash, wheezing, hypotension, nausea, abdominal cramps, inability to urinate
Angioedema		Sudden onset; taking ACE inhibitor medication	Sudden swelling about the face, hands, abdominal organs
Other Causes		Blood-thinning medication, e.g., Coumadin, causing hematomas in neck	Evidence of infection, irritants, manipulation leading to laryngospasm
Respiratory Causes	Scene Size-up	History	Physical Exam
Asthma	Asthma medications (inhalants)	Sudden onset; dyspnea with exertion; chest tightness; history of treatment for asthma	Cough, wheezing, eventual prolongation of expirations (more than 3 times inspirations)
COPD (Chronic Bronchitis; Emphysema)	Home oxygen equipment; inhalants	Gradual onset; dyspnea interferes with normal activities (stair climbing, walking distances); improvement after coughing; history of treatment for COPD	Appearance: Thin with barrel chest. Chronic bronchitis: obese, low blood oxygen (“blue bloaters”)
Pneumonia		Gradual onset; shaking chills, pleuritic chest pain	Fever, tachycardia, tachypnea, crackles, rhonchi, decreased breath sounds in affected lung areas

Respiratory Causes	Scene Size-up	History	Physical Exam
Pleural Effusions		Gradual onset; pleuritic chest pain. Other symptoms associated with underlying cause (e.g., CHF; infection, pulmonary embolism, inflammatory disease, pancreatitis, liver disease)	Decreased breath sounds and dullness of percussion on affected side
Pneumothorax		Sudden onset; pleuritic chest pain	Diminished breath sounds especially in apices of lungs; bass-drumlike quality on percussion. Tension pneumothorax: shifted trachea, hypotension, increasing difficulty in ventilating patient.
Pulmonary Embolism		Sudden onset; pleuritic chest pain; history of recent surgery or immobility of lower limbs, estrogen-containing medication (birth control pills), hereditary coagulation	Cough; occasional syncope, coughing up blood, chest wall tenderness
Pleuritis; pleurodynia		Gradual onset	Occasional friction rub
Cardiac Causes	Scene Size-up	History	Physical Exam
General		Past episodes of chest pain; history of diagnosed cardiac disease or dysfunction; history of obesity; high blood cholesterol; family history of cardiac disease; male or postmenopausal female; high-strung personality	Crackles at lung bases with left-sided heart failure; soft first-heart sound; split second sound; gallop rhythm; other abnormal rhythm