Priority Topic: **SHORTNESS OF BREATH**

Key Features:

1. In a patient with a new presentation of shortness of breath, take a sufficient history to avoid inappropriately or prematurely limiting the diagnosis to respiratory and cardiac causes (i.e. consider causes such as hematologic, environmental, psychogenic, deconditioning, gastrointestinal).

What you should study:

✓ Dyspnea – StatPearls

✓ Chapter 33: Dyspnea – Harrison's

✓ Palliative Care Guide with good approach to Dyspnea

2. Regardless of where you assess the patient who presents with shortness of breath (e.g. office, home visit), consider life-threatening conditions (e.g. pulmonary embolus, foreign body aspiration in a child, anaphylaxis, myocardial infarction).

What you should study:

✓ Acute Pulmonary Embolism NEJM 2010

✓ Pediatrics in Review: Pediatric Foreign Body Aspiration

✓ Anaphylaxis AAFP 2020

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3. When a patient with a diagnosed cause of dyspnea presents with worsening symptoms or treatment failure :

   a) Ask about other factors that might have exacerbated their symptoms (e.g. new pets, environmental factors, medication technique/adherence, dietary changes).

   b) Re-evaluate your primary diagnosis (i.e. the original diagnosis may have been incorrect).

   c) Consider co-existing diagnoses (e.g. a patient with asthma who has pneumonia).

What you should study:

✓ Causes and Evaluation of Chronic Dyspnea AAFP 2012

4. In an anxious patient with shortness of breath, do not assume anxiety is the cause of their symptoms.