

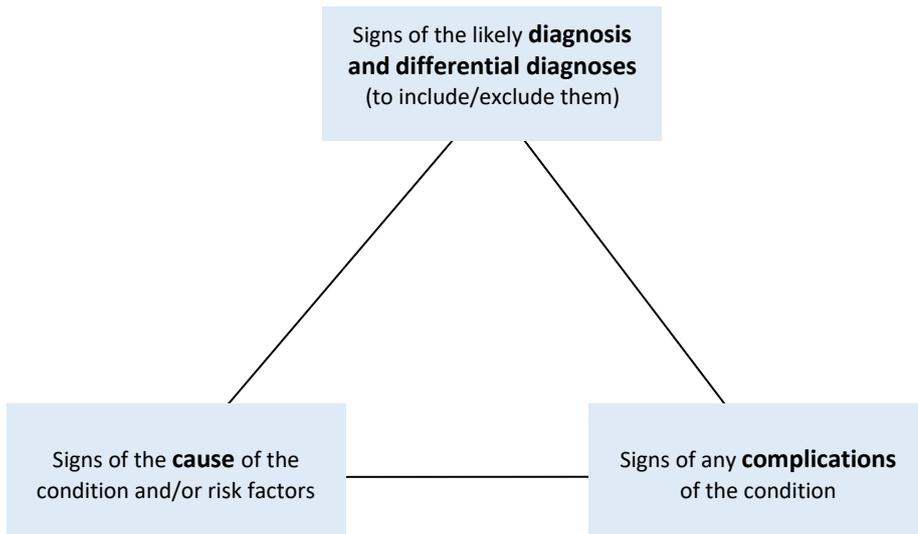
- History and examination should become more focused

History

- You should ask **questions to include/exclude differentials** (e.g. rather than asking the whole of SOCRATES for chest pain, after hearing the patient's description, ask 'does the pain radiate to the back?' if you need to exclude dissection, 'does the pain get worse on exertion?' if angina is a differential)
- In addition to an open question regarding past medical history, you should also ask **specifically about conditions related to differential diagnoses or risk factors** (e.g. in likely MI, ask specifically about diabetes, hypertension, high cholesterol, smoking)
- Ask about **relevant family history** and include **travel/sexual histories when relevant**
- Social history is always important for older patients and asking peoples occupations is helpful to put things in context

Examination

- Quickly determine if the patient is **well or unwell**
 - General: confusion/cognitive change, skin colour, respiratory distress/oxygen requirements
 - Circulation: peripheral pulse rate/volume, capillary refill, peripheral temperature
- Rather than doing all parts of the system exam, or examining every system, look for **specific signs related to the history** – look for signs of the diagnosis/differential, the cause and complications of the condition – you should think about exactly what you are looking for and why
- Note the **presence or absence of relevant signs**
- Examples of the specific signs you should look for for specific conditions are listed in the 'condition signs' notes in the [examinations](#) section and differential diagnosis of common presentations notes in the [acute](#) section



Examples			
	Diagnosis/differential	Cause	Complications
Pleuritic chest pain/likely PE	<ul style="list-style-type: none"> Muscular tenderness Tracheal deviation Percuss and auscultate to exclude pneumothorax/pneumonia/effusion Pleural rub 	<ul style="list-style-type: none"> Signs of DVT Signs of conditions which may predispose to VTE e.g. malignancy (look for lymphadenopathy and breast lumps) 	<ul style="list-style-type: none"> Signs of right heart strain such as raised JVP, split S2, right ventricular heave
Anaemia	<ul style="list-style-type: none"> Pale conjunctiva Tachypnoea/tachycardia 	<ul style="list-style-type: none"> Koilonychia Glossitis/angular stomatitis Signs of GI malignancy e.g. virchow's node, abdominal mass Signs of haematological malignancy e.g. lymphadenopathy, splenomegaly PR exam (malignancy, melaena) 	<ul style="list-style-type: none"> Systolic murmur Signs of heart failure