**Non-acute Breathlessness**

This is a basic guide to the assessment of adults presenting with breathlessness for ≥ 4 weeks

### Symptoms & Assessment

- **ASK**
  - When did the breathlessness start?
  - What causes it?
  - What relieves it?  
  - Any episodes at night?
  - Can the patient walk up a flight of stairs?
  - Are there any associated symptoms?
  - PMH  
  - Occupational and environmental
  - Medication  
  - Smoking history in pack years

- **ASSESS**
  - Respiratory rate and pattern
  - SpO2
  - Respiratory and cardiac examination
  - Body mass index
  - Position of patient
  - Blood pressure
  - Pulse (rate & rhythm)
  - Temperature
  - Finger clubbing

- **RED FLAGS:**
  - Unexplained weight loss, night sweats
  - Haemoptysis
  - Rapid or slow respiratory rate
  - SpO2 <92% in healthy individual or <88% in patients with known chronic lung disease
  - Pulse rate <40 >100 bpm
  - Silent chest or confusion

### Possible Diagnoses

#### Heart Failure
- Causes include IHD, Hypertension, AF and other arrhythmias, valvular heart disease
- Arrange/refer for echocardiogram
- Refer to NICE heart failure guidelines

#### Obesity / Deconditioning
- Consider lifestyle advice, referral to local health trainers/obesity services
- Consider co-morbidities e.g. diabetes
- If Epworth is >10 then refer to sleep assessment service

#### COPD
- Arrange diagnostic spirometry
- Refer to NICE COPD guidelines

#### Arrhythmias
- Most common AF, Bradycardia
- Refer to NICE arrhythmias guidelines
- Refer for cardiology opinion where appropriate

#### Anaemia
- Investigate potential causes

#### Asthma
- Arrange PEFR diary  
- Spirometry with reversibility
- Refer to BTS SIGN asthma guidelines

#### Dysfunctional Breathing
- Examples include vocal cord dysfunction and hyperventilation
- Assess Nijmegen score if >23 refer to dysfunctional breathing services
- Consider CBT / psychological therapies: [www.physiohypervent.org](http://www.physiohypervent.org)

#### Lung Fibrosis
- Arrange CXR
- Refer to pulmonary specialist
- Consider spirometry

#### Cardiac Valve Disease
- Arrange / refer for echocardiogram
- Refer for cardiology opinion where appropriate

#### Lung Cancer
- Urgent referral to lung cancer service
- See NICE guidance on urgent lung cancer referrals

#### Chronic Pulmonary Emboli
- Refer to acute services
- If D-dimer negative, young patient or recent viral injury: consider pericarditis (saddleback changes on ECG)

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These are common causes of breathlessness. Others exist and conditions may coincide. A referral is necessary in the absence of a definitive diagnosis.

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