Upper Respiratory Symptoms

**Narrative Section**

**Historical Vignette** - Humans have suffered from upper respiratory tract symptoms throughout history. In fact, URI symptoms have been described in the oldest existing medical text, the Egyptian Ebers papyrus, which was written in about 1500 BC. In the present time, upper respiratory tract symptoms are the most common reasons why patients present to their Primary Care physicians and urgent care centers. Patient can present with a cough, nasal congestion, sore throat, malaise or conjunctivitis. Upper respiratory tract symptoms are most frequently caused by the common cold, which is a benign, self-limiting viral infection. However, it is important to rule out other etiologies of these symptoms such as bacterial infections, COVID-19, influenza or allergies.

**Context and Usefulness** - Especially in the current times of the COVID-19 pandemic, it is important to protect providers and other patients from a potential infection with the Novel Coronavirus from a patient presenting to the office with URI symptoms. Thus, every effort needs to be made to evaluate these symptoms through a telemedicine visit. During the video visit, through careful observation of the patient and through the provider-directed patient self exam, the clinician can get valuable clues about the etiology of the patient’s symptoms and provide treatment recommendations.

Special thanks to Dr. Maja Artandi for creating this 5M2. Find out more by linking to the video with this QR code (minutes 1:30-5:40).


**Physical Manuever**

**Model Proper (And Improper) Technique** - To begin the video visit physical exam, carefully observe the patient and their environment. Does the patient look ill? Flushed? Sweaty? In pain? Are they lying down? When the patient speaks, the provider can notice the presence of a cough and its potential triggers (e.g. taking a deep breath, laughing). Is the patient able to speak in full sentences without shortness of breath? Can the clinician hear any wheezing? Does the patient sound hoarse or congested?

The provider-directed patient self exam: start by observing the eyes to assess for conjunctival injection. Ask the patient to bring the camera close to the eyes so the provider can observe each eye. Next, examine the back of the throat. Try to have the patient shine a light to illuminate the area. Assess the retro-pharynx. (It’s easy to assess if the airway is clear but more challenging in someone with crowded oral anatomy.) Observe the tonsils for tonsillar enlargement, the presence of exudates, or retropharyngeal erythema. Then, have the patient feel for enlarged lymph nodes in the cervical region. The provider demonstrates the proper technique and asks the patient, “Do you feel any painful lumps underneath your jaw or on the side of your neck?” Finally, have the patient take deep breaths through their open mouth to assess for coughing or wheezing.

**Interpretation** - Video visits to evaluate patients with upper respiratory symptoms are important to protect the clinic from nosocomial infections with COVID-19. Providers can get a lot of information by careful observation of the patient through the video and by the provider-directed patient self exam. Based on this exam, the provider can recommend treatments or necessary next diagnostic tests.

**Caveat and Common Errors** - The provider-directed patient self exam is very dependent on the patient’s location and the patient’s comfort with helping with the exam. It is much more difficult to assess a patient when they are in a noisy or dark environment. It can also be challenging if the patient is not able to follow the directions to perform the self exam.