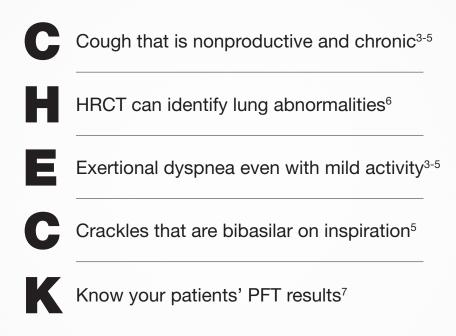
NOT ALL BREATHLESSNESS IS COPD, ASTHMA, OR CHF.^{1,2} SUSPECT PULMONARY FIBROSIS

C.H.E.C.K. FOR ILD TODAY



Refer patients to a healthcare provider who specializes in interstitial lung disease if ILD is suspected^{8,9}

CHF, congestive heart failure; COPD, chronic obstructive pulmonary disease; HRCT, high-resolution computed tomography; ILD, interstitial lung disease; PFT, pulmonary function test.

IDENTIFYING PULMONARY FIBROSIS AS EARLY AS POSSIBLE IS CRITICAL FOR TIMELY INTERVENTION^{10,11}

Vigilant and proactive monitoring can help identify signs of progression of pulmonary fibrosis

Observe for worsening respiratory symptoms ^{5,7}	Cough Dyspnea
Listen on lung auscultation ⁵	Velcro®-like crackles on inspiration
Order baseline PFTs and monitor regularly to assess progression ^{7,8}	Restrictive PFT Reduced FVC and DL _{co}
Order HRCT at baseline to confirm lung fibrosis and periodically to assess progression ^{8,12}	Both UIP and NSIP patterns are common across ILDs
Obtain functional assessment (ie, 6MWD) at baseline and periodically to assess progression ¹³	Decreased walk distance Desaturation

6MWD, 6-minute walk distance; DL_{co} , diffusing capacity of the lungs for carbon monoxide; FVC, forced vital capacity; NSIP, nonspecific interstitial pneumonia; UIP, usual interstitial pneumonia.

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