Physical Examination - Respiratory

- introduce your self
- Permission
- Environment (private / warm / well lit))
- Chaperone
- Hand hygiene
- Equipment

- General look (patient is looking well / sitting comfortably / not in pain / not in distress)
- COA to time / place / person
- Vital signs (RR / BP / Temp / O2 saturation / HR / BMI)
- Clothes are appropriate to the weather

Position: semi-sitting 45

Exposure: neck to umbilicus

First Impression: (foot of the bed)

- In which position the patient is
- No respiratory distress (accessory muscle use / Inter costal retraction (Hoovers sign) / tachypnea / tripod position / pursed lips)
- No medical equipment (nebulizers / inhalers / sputum pots / oxygen mask)
- No audible sounds (wheeze / strider)
- No cyanosis
- No chest asymmetry, no deformities
- No hoarseness

- Able to talk in full sentences

General (right side of the patient)

Face

- Eyes: jaundice / pallor / subconjunctival edema
- Lip and Mouth: central and peripheral cyanosis ((lips and tounge)) / mouth ulcers / dental hygiene / pursed lips
- Nose: nasal flaring
- Facial plethora ((SVC obstruction with subconjuctival edema))
- Horner Syndrome: ptosis / myosis / anhydrosis
- Macroglossia / large tonsils / small mandible

Neck:

- scars / swellings / visible masses / symmetry
- Dilated veins
- Cervical lymph node examination - ant and post
- JVP examination
- Tracheal deviation - centrally located trachea, no tracheal deviation - with index finger
- Tracheal tug
- Cricosternal Distance - normally 5 cm or 3 fingers

the last 3 comes with: neck / ant chest / post chest

Hands

inspection:

- General: deformities / scars / swelling / small muscle wasting / masses
- Color: cyanosis / tar staining / pallor / palmar erythema

- Nails: clubbing ((30 seconds)) (+ tenderness of the wrists and ankles) / yellow nails / any nail discoloration
- Tremor (fine and course flapping)
- Cancer signs: small muscle wasting / hypertrophic osteoarthropathy
- No small muscle wasting / no thenar muscle wasting / no hypothenar muscle wasting

Palpation: (permission / hand hygiene / warm hands / pain / eye to eye contact)

- Temperature (Cold vs Hot / Dry vs Wet)
- Tenderness
- Capillary refill - less than 2 seconds
- HR + RR

Thorax

Ant. Chest + apex + lateral chest

Inspection

Foot of the bed:

- normal bilateral symmetrical chest moving with breathing
- Normal elliptical shape
- Pattern of breathing
- No chest deformities (pectus carinatum / pectus excavatum)

Right side of the bed: (include the axilla)

- no scars / masses / dilated veins / hair distribution / subcutaneous nodules

Palpation:

Ask about pain and permission

- First step always: superficial continuous palpations - no tenderness / subcutaneous emphysema / masses
- tracheal tug / deviation / cricosternal distance

- Apex beat - normally fifth intercostal space mid clavicular line
- Right ventricular heave - full expiration - say no heave
- chest expansion - full expiratIon, pull with the 4 fingers, thumbs not touching the skin - 2 times - say normal bilateral symmetrical
- Tactile vocal fremitus - bony prominence - say أربعة وأربعين - normal bilateral symmetrical - normally muffled

Percussion -

Say normal bilateral symmetrical resonant note all over the chest

Auscultation - make the stethoscope warm

1- breathing sounds

Say normal bilateral symmetrical airway entry

Say normal bilateral symmetrical vesicular breathing

Say insp longer than expiration

No added sounds (crackles / wheeze / rub)

2- vocal resonance - say 44

Say normal bilateral symmetrical vocal resonance

3- whispering pectoriloquy - whisper 44

Normally very muffled or absent

Say whispering pect is absent

4- aegophony - say E

Abnormally hear it A
no aegophony

Post. Chest - 4 level of Palpation, percussion and auscultation ((Don't forget apex + lateral chest))

Position: sitting on the side of the bed hugging a pillow

Exposure: from the umbilicus to the nipples

Inspection

Foot of the bed:

- normal bilateral symmetrical chest moving with breathing
- Normal elliptical shape
- Pattern of breathing
- No chest deformities (pectus carinatum / pectus excavatum)

Right side of the bed: (include the axilla)

no scars / masses / dilated veins / hair distribution / subcutaneous nodules

Palpation:

Ask about pain and permission

return him to 45 degree:

- tracheal tug / deviation / cricosternal distance
- Apex beat - normally fifth intercostal space mid clavicular line
- Right ventricular heave - full expiration - say no heave

back to his back:

- superficial continuous palpations - no tenderness / subcutaneous emphysema / masses
- chest expansion - full expiratIon, pull with the 4 fingers, thumbs not touching the skin - 2 times - say normal bilateral symmetrical
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Finally:

- no pitting edema (lower limb + sacrum)
- no hepatospleenomegaly + ascites
- DVT + erythema nodusum