General Physical Exam Check List

By Majdoleen Hamed

Above All, Please Stand on the RIGHT side of the patient

First

Introduction {10 points} ?

- *Introduce your self & Ask about the patient Name
- *Take a permission
- *Ensure privacy
- *Chaperone
- *Check the Room Temperature and illumination
- *Ensure proper Exposure and Position
- *Hand hygiene
- *Explain to the patient what you will do



•General Look 💡

- *Form(Sitting/lying in bed)
- *Patient state(ill/comfortable)
- *Attachment to medical equipment
- *Distress
- *Tachypneic
- *Conscious
- *Alert

*Oriented to <u>Time</u> (Do you know what day it is? Is it morning or evening?), <u>Place</u> (Do you know where you are?) **Person** (Ask the patient if he knows the people surrounding him)

•First Impression 💡

*Gait and posture (Gait has to do with movement of the patient, Posture has to do with the patient's body position)

*Facial Expression (Neutral/Apathy)

*No hoarseness

*Clothing is appropriate to weather

- *No abnormal odors
- *No abnormal breathing Sound
- *Normal Skin Color
- * Not cachectic (muscle wasting)

Υ Third Υ

•Vital Signs (<u>Just mention</u>)

*Heart Rate	
*Respiratory Rate	*BMI
*Temperature	*O2 Sat
*Blood pressure	

\mathbf{i} Fourth \mathbf{i}

1•Hand Examination (Bilateral)

Inspection

Dorsum	Palm	Nails
*Symmetrical *No Swelling *No scars *No deformities (ulnar deviation, arachnodactyly) *Normal Color (No tar staining) *No amputation	*No swelling& scars *Normal color (No pallor, No Pigmentation, No palmar erythema) *No Dupuytren's contracture *No Muscle(thenar& hypothenar) Wasting	*Normal color (No Cyanosis, yellow nail) *No Deformities يسم الله نبلش عد (No leuconychia, No koilonychia, No onycholysis, No pitting nails, No beau's line, No Lindsay's nails, No splinter hemorrhage) *check capillary refill—> Normal
		capillary refill within 2 seconds *check for <u>Clubbing in all fingers</u> <u>bilateral,</u> 4 exams (interphalangeal depth, hypoonychial angle, schamroth's window, Nail bed fluctuations)—>No finger

Palpation

Above All, take a permission, hand hygiene, warm your hand, ask of any area of pain, keep eye to eye contact !! المناف التي فحص رح تعمله بحياتك !!

*Assess their temperature using the dorsum of your hands on patient's dorsum and always compare both hands and different levels of the same hand Then move to palm to check if they are dry or sweaty hands —> bilateral symmetrical hot dry hands ^^ل طبعًا

*No Tenderness (Does the patient feel in pain when you touch them?), No masses

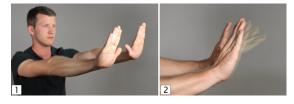
*Assess the Fine tremor



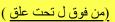
مو شرط وجود ورقة ممكن بالنظر

& Flapping tremor

clubbing



(من فوق ل تحت علق) Pace Examination 💡



*Normal Male/Female pattern of hair distribution *Normal Hair line *Symmetrical bilateral eyebrows *No lost of third distal eyebrows *Symmetrical bilateral Eyes *No exophthalmos *No periorpital edema *Normal Nose *No depressing of nasal bridge *Normal lip color (No peripheral cyanosis) *No angular stomatitis

 \mathcal{V}_{R} Ask the patient to open his mouth, look to his tongue while inside, then ask the pt to put out his tongue, move it right and left and raise it up then <u>Comment</u> by—> Good oral hygiene, No oral Carries, No oral ulcers, No tongue deviation, No palate deformity, No glossitis and No macroglossia

W& Ask the patient to raise his tongue up then **<u>Comment</u>** by—> No central cyanosis and No jaundice

*No rash *No deformities

3•Neck & Lymph Nodes 💡

***Inspection**(look to the neck Anteriorly and posteriorly)

<u>Comment</u>: No scars, No swelling, No visible lymphadenopathy, No visible dilated veins, No visible masses, No visible pulsation, No rash, No skin discoloration

***Palpation**

أول شي دائمًا: عمو بتسمحلي ألمسك؟ في عندك ألم ؟ Ok I will warm my hands and keep eye to eye contact throughout the physical examination \clubsuit .

•Cervical Lymph Nodes

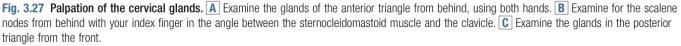
-From behind, examine the submental, submandibular, preauricular, tonsillar, supraclavicular and deep cervical nodes in the anterior triangle of the neck by head rotation to opposite side with resistance

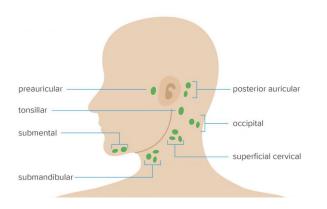
-Palpate for the scalene nodes by placing your index finger between the sternocleidomastoid muscle and clavicle. Ask the patient to tilt their head to the same side and press firmly down towards the first rib

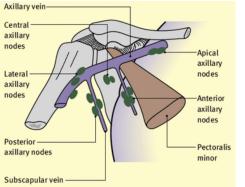
-From the front of the patient, palpate the posterior triangles, up the back of the neck and the posterior auricular and occipital nodes.

Comment:No tenderness, No palpable lymph Nodes









•Axillary Lymph Nodes

1-Inspection is same above but take care to look at the both hands raised

2-Palpation

To palpate the right axilla, support the patient's right arm with your right arm to relax their shoulder muscles and explore the axilla with your left hand. Then Gently place your fingertips into the apex of the axilla and then draw them downwards, feeling the medial, anterior and posterior axillary walls in turn. <u>Comment</u>: No palpable LN, No tenderness

•Epitrochlear Nodes

To palpate support the patient's right wrist with your left hand, hold heir partially flexed elbow with your right hand, and use your thumb by rounded motion to feel for the epitrochlear node which located 3 an above epicondayl. Examine the left epitrochlear node with your left thumb

Comment: No palpable LN, No tenderness

If you found a lump comment using **SPACESPIT**

Mention at the last that you need to examine the inguinal lymph nodes and hydration state of the patient. Don't forget to thanks the patient

