RS PEx check list

First:

Wash hands (hygiene)
Introduce yourself
Permission
Privacy
Environment (warm, well lit)
Exposure (thorax from neck till umbilical)
Reposition patient (45 degree lying on bed)
Ask for chaperone

General look

1. First impression:

- **Conscious, alert, oriented** (person, place, time)
- **Stable or in distress** (pain or comfortable)
- **Position of the patient** (Sitting or lying flat)
- **Respiratory distress**:

(Tachypnea, Indrawing of the intercostal spaces, use of accessory muscles (sternocleidomastoid, trapezius and scalene muscles), tripod position (use of pectoralis major), pursed lips, Nasal Paring)

- **medical equipment** (Nebulizers, inhalers and oxygen therapy, Nasal canula)
- **Cyanosis / discoloration**
- **Any audible sounds** (wheeze, hoarseness of voice, stridor)
- **Respiratory rate**

(Quietly observe and time the RR without drawing patient's attention) (tachypneic, hypopnea)
(normal 12-20 breaths/min)

- **Chest deformities**

(pectus excavatum, pectus carinatum, barrel chest, kyphosis, scoliosis, asymmetrical)

- **Breathing Pattern**:

(Thoracoabdominal-female / abdominothoracic-Male, Cheyne–Stokes breathing, Kussmaul breathing)

- **Breathing Odors** (smoke / alcohol)
- Look for signs of **Horner's syndrome** (ptosis, miosis, anhydrosis)

Comments:

The patient is sitting at 45 degrees , Comfortable, conscious , alert, oriented to place time and person, No attachment to medical equipment, No audible sounds (wheeze, hoarseness, stridor) , No abnormal odors, No skin discoloration, No cyanosis, No chest deformities (like Kyphosis /scoliosis / pectus excavatum / pectus carinatum / barrel chest) , abdominothoracic breathing pattern, No distress signs (intercostal retraction, using of accessory muscles, pursed lips , Nasal Paring, Tripod position, tachypnea)

2. Vital Signs:

Blood pressure
Heart Rate
(Pulsus paradoxus: exaggerated fall in a patient's systolic blood pressure during inspiration by greater than 10 mm Hg)
Respiratory Rate
Temperature
O2 Sat
BMI

3. Hands:

- Sweating / dryness

- Temperature
-Tar staining
-Yellow nail syndrome
- peripheral cyanosis
- pallor
- palmar erythema / flushed hands
- Muscle wasting
- Clubbing
- Tremor (Fine, Flapping)
- Wrist tenderness-> HPOA (Hypertrophic pulmonary osteoarthropathy)

Comments: No peripheral Cyanosis, No Nail discoloration [yellow nail syndromes], No pallor, No tar staining. No palmar erythema, bilateral warm hands, No sweating, No muscle wasting, No fine tremor No flapping tremor and No HPOA

4. Head
- Colour:
*Cyanosis: central (sublingual) and peripheral (lips, nose, ears)
*Jaundice: sclera
*Pallor: conjunctiva
- Horner's Syndrome: meiosis, anhidrosis, ptosis, pupil asymmetry
-SVC obstruction: Visible veins, flushy face, swelling of head neck and face, subconjunctival edema
- plethora Face
- Scars and swelling
- dental hygiene

5. neck
- JVP check
- Lymp nodes (especially scalene)
- Scars and swelling / masses

Comments: No cyanosis, No pallor, No Jaundice , No Horner's synchrone (No phosis, No miosis > No anhydrasis), No plethora face, No SVC abstruction (No swelling, No visible Dilated viens, No flushy) No scar, No swelling, No visible masses , Normal JVP, No palpable lymph nodes, No tenderness

Chest Examination/ Anterior Chest
1. Inspection:
a. Foot of bed:
-shape
-symmetry
-pattern of breathing
-chest deformities
Comments: The chest is symmetrical elliptical in cross section, Symmetrical bilateral chest expansion, No chest Deformities (kyphosis, scoliosis , pectus carinatum, pectus excavatum, barrel chest), Normal Anterior posterior diameters, Thoracoabdominal breathing pattern, No tachypnea, No Cheyene stokes breathing, No kussmaul breathing,

b. From Right side of the patient:
-Scars (thoracotomy)
- skin lesion
- swelling
- Dilated veins
- Dilated veins
- hair distribution
- Drains

-Lumps
-Using of Accessory Muscles
- Axilla
Comments: No for All

2-Palpation

A-Superficial Palpation

* continuous movement on chest without any gap Horizontally (S shape)
Comments: No tenderness / No masses nodules / No surgical emphysema.

B-Trachea (upper mediastinum)

-**Tracheal Deviation** (put index and ring finger on clavicles, feel trachea by middle finger)
-**Tracheal Tug** (3 fingers on trachea longitudinal, take a breath , if fingers go inside it's a tracheal tug, if fingers don't move no tracheal tug.)
-**Corticosternal distance** (cricoid cartilage is the first cartilage after the thyroid cartilage)
Comments: Normal central trachea, No tracheal tug, Normal Corticosternal distance 3-4 fingers (5 cm)

C-Apex beat (lower mediastinum)

-locate with palm then localize with 1 finger
Comment: Apex is palpated at Normal Location 5th intercostal midclavicular line, gently tapping

D- right ventricular Heave

use a straight arm with the palm over the left lower sternum
Comment: No Left ventricular heave /No Right ventricular heave

E- Tactile vocal Fremitus

Ask the patient to say "44" in Arabic (99/ 111 in English) and feel for vibrations transmitted throughout the chest wall.
Comment: symmetrical bilateral tactile vocal fremitus

F-Chest expansion

Anteriorly: mid chest and below costal margins (upper and lower)
Posteriorly: below costal margins
Comment: symmetrical bilateral chest expansion (5 cm bilateral, 2.5 cm each side)

3-Percussion

palm of the left hand is placed on chest and finger separated, the middle finger of the left hand is pressed firmly aligned with the underlying ribs, Strike the center of the middle phalanx of the left middle finger with the tip of the right middle finger (move wrist not elbow).
A-Percuss on lung apex then Clavicle directly the Ant/Post chest (3 cm from midline), Don't forget lateral sides DULL on liver and apex of the heart normally.
Comment: Bilateral Symmetrical resonant percussion note All over the chest

B-Diaphragmatic Excursion Done only on Posterior chest Examination Regular percussion, find dullness and locate it then ask patient to take a deep breath and hold his breath then measure the distance then repeat on other side.
Comment: Normal upper edge of liver dullness in Rt fifth intercostals, at MCL. distance 5-8 cm

4-Auscultation

Listen with the patient relaxed and breathing deeply through his open mouth. Listen using the diaphragm of the stethoscope:
■ anteriorly from above the clavicle down to the sixth rib
■ laterally from the axilla to the eighth rib
■ posteriorly down to the level of the 11th rib.
■ Assess the quality and amplitude of the breath sounds

1*Breath sounds: listen to the chest sounds using Diaphragm of stethoscope all over the anterior/ posterior, lateral chest and lung apex , Ask the patient to take a breath each time. If added sounds are heard ask patient to cough and listen again.
comment: Symmetrical Bilateral vesicular breathing sound with good air entry, No Added sounds (wheeze / crackles / pleural rub)

2*Vocal resonance: Listen to the chest again at same positions with saying “44”
Comment: Symmetrical Bilateral vocal resonant (muffled)

3* Whispered pectoriloquy: Listen to the chest again at same positions with whisper “44”
Comment: No pectoriloquy

4*Aeogophony: Listen to the chest again at same positions with saying “E”
Comment: No Aeogophon

*If the OSCE station was Posterior Chest examination the difference is:
1- sitting upright and hugging a pillow/ crossing arms on chest
2-inspection same
3- palpation —> superficial / Trachea / chest expansion / TVF
4-Percussion—> Same + Diaphragmatic excursion on each side
5-Auscultation —>same

Finally say 'I would like to Examine the abdomen for hepatomegaly and ascites and examine Lower limb for edema, signs of DVTerythema nodosum and clubbing