

# Respiratory Physical Examination Check List

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<https://youtu.be/gRWSyqatWQQ> ★

## Introduction

- Introduce yourself
- Take a permission
- Ensure the privacy
- Check if you need a chaperone
- Check Temperature and Light
- Hand hygiene
- Exposure: Typically until Symphysis pubis but for social reasons till umbilicus
- Position: 45 degrees

## General look

### From the foot of the beds comment about:

- Conscious /alert / oriented
- In pain or comfortable
- medical equipment (Nebulizers, inhalers and oxygen therapy)
- pattern of breathing (Thoracoabdominal-female / abdominothoracic-Male)
- Chest deformities (kyphosis, scoliosis, pectus carinatum, pectus excavatum, barrel chest)
- distress signs [intercostal retraction, using of accessory muscles, pursed lips, Nasal Flaring, Tripod position, tachypnea]
- Audible Sounds [wheezes / crackles / stridor / hoarseness of Voice]
- Breathing Odours
- Skin discoloration (like cyanosis)

### 💎 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, 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 Flaring, Tripod position, tachypnea)

## Vital Signs

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

## Hands

- Sweating / dryness
- Temperature
- Tar staining
- Yellow nail syndrome
- peripheral cyanosis
- pallor
- palmar erythema / flushy 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 stainings. No palmar erythema , bilateral warm hands , No sweating , No muscle wasting , No fine tremor No flapping tremor and No HPOA

## Head and neck

- Colour:
  - \*cyanosis
  - \*Jaundice
  - \*Pallor
- Horner's Syndrome
  - \*meiosis
  - \*anhidrosis
  - \*ptosis
- SVC obstruction
  - \*Visible veins
  - \*flushy face
  - \*swelling
- plethora Face
- Scars and swelling in the neck
- JVP check
- Lymph nodes (especially scalene)

### Comments:

No cyanosis, No pallor, No Jaundice , No Horner's syndrome (No ptosis, No miosis > No anhidrosis), No plethora face, No SVC obstruction (No swelling, No visible Dilated veins, No flushy) No scar, No swelling, No visible masses , Normal JVP, No palpable lymph nodes, No tenderness

# Chest Examination/ Anterior Chest

## 1-Inspection

\*From Foot of the 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,

\*From Right side of the patient:

- Scars
- skin lesion
- swelling
- Dilated veins
- Surgical emphysema
- Dilated veins
- hair distribution
- Drains
- Lumps
- Using of Accessory Muscles

طبعًا فيه Trick مهم جدًا انه لمن تطلع  
ع ال chest ارفع ايدين المريض وتطلع على  
ال Axilla+ lateral sides وجهة الشمال

### ◆Comments:

No for All 🤓

Note: Please do a palpation , percussion and auscultation on Anterior/ Posterior chest and Lung Apex and Lateral sides بكل امتحان اوسكي يا جماعة بكون على كل وحدة فيهم نقطة ب كل خطوة

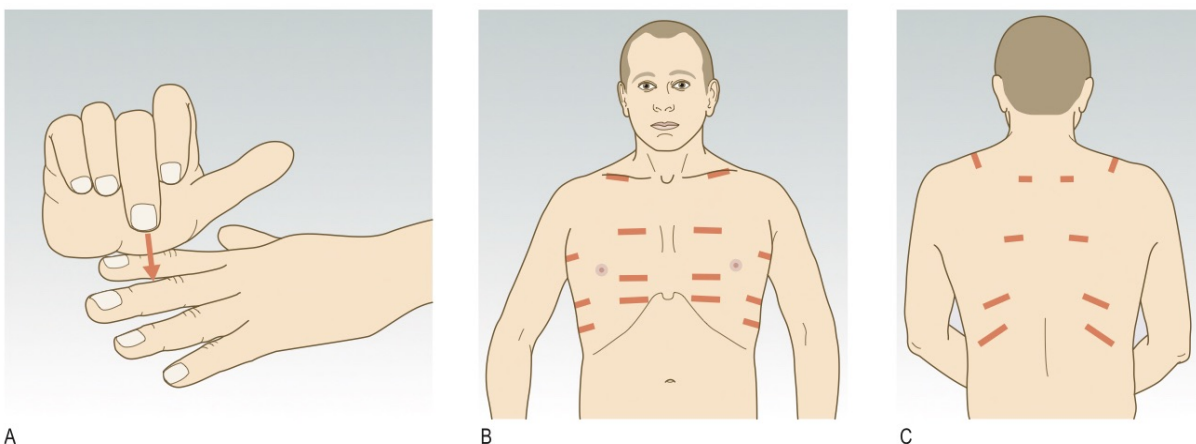


Fig. 5.16 Percussion of the chest. A Technique. B Anterior and lateral sites. C Posterior sites.

## 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

-**Tracheal Deviation** (put all your palm on the chest, index and ring finger on clavicles, 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

-Inspect it by the torch the find apex and locate it

#### 💎 **Comment:**

Apex is palpated at Normal Location 5th intercostal midclavicular line, gently tapping

### D-Heave

By heeling of the hand palpate in **left sternal edge** (hand is vertical) and **apex** (hand is horizontal)

#### 💎 **Comment:**

No **Left ventricular heave** /No **Right ventricular heave**

### E- Tactile vocal Fremitus

Ask the patient to say "44" 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

Posteriorly: below costal margins

💎 **Comment:** symmetrical bilateral chest expansion (5 cm bilateral, 2.5 cm each side)

## 3-Percussion

A-Percuss on lung apex then Clavicle directly the Ant/Post chest , 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 distance 5-8 cm

#### 4-Auscultation

1\*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.

💎 comment: Symmetrical Bilateral vesicular breathing sound with good air entry,  
No Added sounds (wheeze / crackles / pleural rub)

2\*Vocal resonant:-

Listen to the chest again at same positions with saying “44”

💎 Comment: Symmetrical Bilateral vocal resonant

3\* Whispered pectoriloquy

Listen to the chest again at same positions with whisper “44” همس

💎 Comment: No whispering

4\* Aeogophony

Listen to the chest again at same positions with saying “E”

💎 Comment: No Aeogophony

**\*If the OSCE station was Posterior Chest examination the difference is:**

1- Sitting upright ويحضرن مخذة

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, erythema nodosum and clubbing!