

# Complete RS PEx checklist - Ahmad AlHurani (1.2)

## WIPPER and the intro

- Introduce yourself and shake hands
- Washing of hands and appropriate hand hygiene
- Asking for permission
- Ensuring the room's privacy
- Ensuring the environmental warmth and good lighting conditions
- Asking for appropriate exposure (from the waist and above)
- Asking the patient to be in the appropriate position (semi-sitting at 45 degrees in bed)
- Relocating to the right side of the patient
- Asking for a chaperon
- "I have all of my equipment's"

## General look of the patient

- Consciousness, alertness and orientation** of the patient to place, time and person (Asking the 3 questions) - **in RS, disorientation is a sign for CO2 retention, it causes confusion (Hypercapnia)**
- Commenting on the **patient's position and comfort**
- Commenting on the patient's **external devices** status (No oxygen masks, nebulizers etc.)
- Commenting on **respiratory rate (Not tachypneic), respiratory distress** (Mention these 2 markers)
  - 1) No apparent use of **accessory muscles** for breathing like sternocleidomastoid, trapezius and scalene)
  - 2) No Indrawing of **intercostal spaces**
- Commenting on **cyanosis**

No abnormal **sounds**

No abnormal **odors**

## Vital signs

Measure the vital signs (Memorize them)

What is **pulsus paradoxus**?

-**BMI is vital** in respiratory system, obese patients may get Obstructive sleep apnea

-**Weight loss** in COPD patients **increases risk of morbidities** (++)inflammatory cytokines = ++metabolic rate)

## Hands examination

No **deformities / amputations**

No **palmar erythema**

No **pallor**

No **scars, swellings and no visible masses**

No **tar staining**

No **muscle wasting** (thenar and hypothenar)

No **clubbing** (May be asked to do the 3 tests, nail bed angle/ schamroth's window/ fluctuations)

No nail deformities ~ **Yellow nail syndrome**

Check **temperature + dryness/sweatiness**

Test for **fine tremor**

Test for **asterixis (Flapping tremor)** ~ CO2 retention

Test for **HPOA (Hypertrophic pulmonary osteoarthropathy) (Wrist tenderness)**

Test for **Capillary refill** (1 minute pressure on the nail, refill in <2 seconds)

Check **radial pulse**

## Face examination

Comment on having no **plethoric face**

Comment on having no **face swelling**

By examining the **eye**, make these 3 comments:

No **Jaundice** (Examining the sclera)

No **pallor** (Examining the color of conjunctiva)

No **conjunctival edema**

Check for **Horner syndrome** (3 signs; **ptosis, meiosis, anhidrosis**)

No **nasal flaring**

No **pursed lips**

Comment on **cyanosis** (Peripheral on lips, central under the tongue)

Comment on **good oral and dental hygiene**

## Neck examination

No **scars, swellings, visible masses**

No visible **dilated veins**

Examine **JVP** (SKIP)

Examine cervical **lymph nodes** (SKIP)

## Chest Examination ; Inspection

**First, relocate to the foot of the bed**

Comment on symmetrical elliptical in cross section (**Shape**)

Before chest expansion, ask the patient to **take a deep breath first!**

Comment on bilaterally symmetrical **chest expansion**

No **chest deformities** (kyphosis, scoliosis , pectus carinatum, pectus excavatum, barrel chest)

Normal bilaterally symmetrical **breathing pattern** that's Abdomeno-Thoracic

**Pemberton sign** (raise both of your hands) to check for SVC obstruction

**From the right side of the patient**

No **Scars, swellings, visible masses**

- No skin **lesions** ~ **Subcutaneous nodules** (Malignancy)
- No **visible dilated veins**
- Normal **hair distribution**
- Check the **axilla** too!!!!

## Chest Examination ; Palpation

Before palpation, ensure **hand hygiene**, **hand warmth**, ask for **permission to touch**, ask for **presence of any pain**, mention and actually hold **eye contact to check for tenderness**.

### 1) General palpation:

- Palpate using the palm of the hand around the chest

Mention that you found:

- No **tenderness**
- No **subcutaneous emphysema**
- No **palpable masses**

### 2) Upper mediastinum palpation:

- Using 3 fingers, check for tracheal deviation (comment that it's centralized)
- Ask the patient to take a deep inspiration, to check for tracheal tug
- Measure the crico-sternal distance (Normally; 3 to 4 fingers)

### 3) Lower mediastinum palpation:

- Using **palm of the hand** at first, then **two fingers**; **locate the Apex beat**
- After locating it**, start from the sternal angle, horizontal with 2nd intercostal space, count and mention the position of apex beat (Normal pos is in 5th intercostal space, mid clavicular line)
- Mention that it's **gently-tapping apex beat!** / gently raises the pulsating finger!
- Using floor of the palm; putting it in the **lower-left sternal angle**; locate the **right ventricular heave**, should be negative (sign of severe pulmonary hypertension)

### 4) Last tests

Test for **tactile vocal fremitus** by using palm of the hand on 4 points anteriorly, 4 points posteriorly, 3 points laterally. (SAY **اربعة واربعين**)

Comment on **normal bilaterally symmetrical tactile vocal fremitus**

Test for chest expansion, **upper and lower anteriorly**

Test for chest expansion, **only once posteriorly**

Normal chest expansion is around 2.5cm on each side!

Comment on normal bilaterally symmetrical **chest expansion**

## **Chest Examination ; Percussion**

**We percuss using the left hand's middle finger on the position, and flexing on the right wrist joint only (NOT THE ELBOW) tap on the middle phalanx using right middle finger!**

**PERCUSS BILATERALLY!!**

Start percussing for the lung apex (left hand pointing posteriomedial)

Percuss on the **clavicle heads** with **only your right middle finger**

Percuss from the 2nd intercostal space and keep going space by space

Anteriorly and on the right, **find the liver's level**

**Percuss laterally**

**Percuss posteriorly** (Ask patient to hug a magical pillow!)

**Calculate diaphragmatic excursion on each side!** (Remember what we ask the patient for ~ deep inspiration etc) - normal distance 5-8cm

**Comment on having normal, bilaterally symmetrical resonant percussion note**

## **Chest Examination ; Auscultation**

**Get your stethoscope ready!** set it to use the diaphragm (large one), test that by **GENTLY tapping it, WARM it** by rubbing it.

Ask the patient to face the other side (his left side; you're on the right side right? wait right?!)

Ask the patient to take a deep inspiration and expiration every time the stethoscope touches him (**FROM THE MOUTH** and NOT THE NOSE)

- Listen to chest sounds using diaphragm of stethoscope on the lung apex, anterior chest, lateral and posterior chest.
- Comment on normal **bilaterally symmetrical vesicular breathing sound with inspiration phase longer than expiration**
- Comment on good bilateral **air entry**
- Comment on having no added sounds (examples; wheeze, crackles, pleural rub)

### **Vocal resonance (Non-tactile)**

- Listen to the chest again, same positions but instead of deep insp/exp ask the patient to say **اربعة واربعين**
- Comment on **normal bilateral vocal resonance**

### **Whispered pectoriloquy**

- Listen to the chest again, same positions but instead of deep insp/exp ask the patient to WHISPER (**يهمس اربعة واربعين**)
- Comment on hearing **no whispering pectoriloquy**

### **Aeogophony**

- Listen to the chest again, same positions but instead of deep insp/exp ask the patient to say **E**
- Comment on hearing **no aeogophony**

## **ENDING the station!**

- I would like to request **ENT examination** for my patient to check his upper airways
- I would like to examine the abdomen for **hepato-splenomegaly** and **ascitis**
- I would like to examine lower limbs for **edema**, **erythema nodosum**, signs of **DVT**