

Respiratory Examination

Introduction

- Wash your hands and wear PPE if appropriate.
- Introduce yourself to the patient including your name and role.
- Confirm the patient's name and date of birth.
- Briefly explain what the examination will involve using patient-friendly language.
- Gain consent to proceed with the examination.
- The patient should be sitting over the edge of the bed or on a chair if not acutely ill.
- Adequately expose the patient (Undress the patient to the waist during chest exam).
- Ask if the patient has any pain before proceeding.

General Appearance

Respiration: rapid, labored. cyanosis, characteristics of cough, Oxygen supplies.

The hands (Clinical years)

Clubbing, staining, wasting and weakness, pulse rate, flapping tremor (asterixis).

Face (Clinical years)

Nose: Polyps, engorged turbinates, deviated septum.

Tongue: Central cyanosis, reddened pharynx and tonsillar enlargement, rotten or broken teeth.

Mouth (Clinical years)

High arched palate, teeth diseased or broken, tongue and lips for central cyanosis, mucosa for petechiae.

The chest

Inspection: Scars, shape and symmetry,

Deformities: barrel chest, pigeon chest (pectus carinatum), funnel chest (pectus excavatum), Harrison's sulcus, kyphosis, scoliosis.

Palpation: apex beat, tracheal position, expansion, vocal fremitus (vocal fremitus is no longer part of routine physical examination due to major inter-observer variability).

Percussion: Different areas of the lungs including axilla, compare between sides.

Auscultation:

Breath sounds: Type (vesicular, bronchial), intensity, added sound (crackles or wheeze)

Vocal resonance: No longer part of routine physical examination due to major inter-observer variability).

The back

Inspection: Look for scoliosis and kyphosis, scar, position of the scapula.

Palpation: Look for: chest expansion, tactile vocal fremitus.

Percussion and Auscultation: as in the front of the chest.

The abdomen (Clinical years)

Palpate liver.

After examination

- Ensure patient comfort, cover and thank the patient.
- Provide explanations, address questions, and discuss the management plan with the patient.
- Dispose of waste material following infection control standards.
- Do not forget to wash your hands.

Reference: Talley, N. J., & O'Connor, S. Clinical Examination: A Systematic Guide to Physicians Diagnosis, 9th Edition.

