

### Preparation and Equipment :

<b>W</b>	Wash Hands
<b>I</b>	Introduce Yourself + Patient's Identity
<b>P</b>	Permission
<b>P</b>	Patient Position (45°) + Pain
<b>E</b>	Explanation

*Must wash stethoscope before and after*, usually a good idea to do during general inspection

*Let the patient know they will be required to remove their top*

### General Inspection:

<b>•Normal Body Habitus</b>	Not Thin/Wasted or Obese
<b>•Patient's Colour</b>	Cyanosis/Pallor
<b>•Breathing Difficulty</b>	Posture, use of accessory muscles, Stridor/Wheeze, Dyspnea (SOB)
<b>•Alertness</b>	
<b>•Chest Deformity</b>	
<b>•Medical paraphernalia:</b>	Inhalers/Sputum Cup/Oxygen Tubing/Peak Flow Meter/Pulse Oximeter/- Walking Aid

### Hands:

<b>Temperature:</b>	Peripheral vasoconstriction/poor perfusion	Warm hands+ Cyanosis = Respiratory problem not circulatory
<b>Peripheral Cyanosis:</b>	Bluish discoloration of nails	O2 Sat <85%
<b>Clubbing:</b>	Place 2 fingernails together and look for Schamroth's sign	Chronic low blood--oxygen levels

### Joint Swelling

### Nicotine Staining

**Pallor of the palmar creases:** Anaemia

**Wasting of the small muscles of the hand:** Possible apical lung tumour -> can erode into the brachial plexus

**Wrist Tenderness:** Palpate for tenderness

### Hands: (cont)

<b>Anhidrosis:</b>	Does the patient notice that one side of their face is dryer than the other?	Horner's Syndrome Apical tumour has invaded the sympathetic chain
<b>Tremors:</b>	Stretch out hands and close eyes for 15 seconds	•Coarse flapping tremor ( <b>Asterixis</b> ) - CO2 retention/hypercapnia  •Fine Tremor β2 agonist use - Salbutamol

### CO2 retention signs: (*Mention at least 2*)

- SOB
- Daytime Sluggishness
- Headache
- Asterixis
- Bounding pulse

### Vitals:

<b>Pulse:</b>	Take pulse rate and rhythm during examination of the hands.	Bounding Pulse =>CO2 retention
<b>Breathing Rate:</b>	After taking pulse continue straight to breathing rate without informing the patient	

### Face/Neck:

<b>Face:</b>	Pallor/Plethoric facies (Facial Swelling and Redness)
<b>Eyes:</b>	Ptosis/Miosis (Horner's Syndrome)

Anaemia (Conjunctival Pallor)/Jaundice

**Mouth:** Postnasal Drip/Pursed Lips

**Tongue:** Bluish discoloration of lips/inferior aspect of tongue  
Central Cyanosis

**Voice:** Hoarseness

**Cervical Lymph Nodes:** Palpate under jaw, base of neck

### Face/Neck: (cont)

<b>Neck:</b>	<b>Offer to check JVP</b>	JVP elevated in pulmonary hypertention
	Look for distended veins	
	Palpate trachea - Tracheal tug	Abnormal downward movement of the trachea - Can indicate a dilation or aneurysm of the aortic arch
	Inform patient that this may be uncomfortable, palpate either side of the trachea 3 finger breaths below Adam's apple, place finger in midline of the trachea, ask patient to take a deep breath	

### Chest Wall:

<b>Inspection:</b>	<ul style="list-style-type: none"> <li>•Pectus Excavatum (indent)/Carinatum (outward dent)</li> <li>•Barrel Chest</li> <li>•Incisions</li> <li>•Spinal Curvature</li> <li>•Asymmetry of Movement</li> <li>•Scars</li> </ul>
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### Palpate for chest expansion

<b>Palpate for tactile fremitus:</b>	Use ulnar boarder of the hand	Air = less vibration
	Anterior chest +	Solid = more vibration
	Posterior chest - Ask patient to bear hug to move scapulas out of the way	
<b>Percussion of chest wall:</b>	Including <b>apexes</b> and <b>lateral</b> chest wall	Lungs = Resonant
	<b>Compare both sides</b> {\n Both front and back of chest	Heart = Dull

### Chest Wall: (cont)

<b>Auscultation of chest: (using diaphragm)</b>	Ask patient to take a deep breath in and out through their mouth. Including <b>apexes</b> and <b>lateral</b> chest wall	May hear: <ul style="list-style-type: none"> <li>•Fine crackle</li> <li>•Coarse crackle</li> <li>•High-pitched wheeze</li> <li>•Pleural friction rub</li> </ul>
	<b>Compare both sides</b> {\n Both front and back of chest	
<b>Auscultate for vocal resonance:</b>	Will be on the same side as tactile fremitis if present	

### Peripheral Oedema:

<b>Sacrum:</b>	2 Thumbs on the sacrum while patient is sitting up
<b>Tibia/ankle:</b>	Two thumbs on the tibia/ankle bony portion
While looking at legs: Bruising of varying ages on the shins = <b>Sarcoidosis</b> -Immune disease	

### Conclusion:

Thank patient and explain that the examination is finished  
*Sanitise Hands and Stethoscope*

