

Preparation and Equipment :

W	Wash Hands
I	Introduce Yourself + Patient's Identity
P	Permission
P	Patient Position (45°) + Pain
E	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:

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

Hands:

Temperature:	Peripheral vasoconstriction/poor perfusion	Warm hands+ Cyanosis = Respiratory problem not circulatory
Peripheral Cyanosis:	Bluish discolouration of nails	O2 Sat <85%
Clubbing:	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)

Anhidrosis:	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
Tremors:	Stretch out hands and close eyes for 15 seconds	•Coarse flapping tremor (Asterixis) - CO2 retention/hypercapnia •Fine Tremor β2 agonist use - Salbutamol

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

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

Vitals:

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

Face/Neck:

Face:		Pallor/Plethoric facies (Facial Swelling and Redness)
Eyes:		Ptosis/Miosis (Horner's Syndrome) Anaemia (Conjunctival Pallor)/Jaundice
Mouth:		Postnasal Drip/Pursed Lips
Tongue:	Bluish discolouration of lips/inferior aspect of tongue	Central Cyanosis
Voice:		Hoarseness
Cervical Lymph Nodes:	Palpate under jaw, base of neck	

Face/Neck: (cont)

Neck:	Offer to check JVP	JVP elevated in pulmonary hypertension
	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:

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

Palpate for tactile fremitus:	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	
Percussion of chest wall:	Including apexes and lateral chest wall	Lungs = Resonant
	Compare both sides {\n Both front and back of chest	Heart = Dull

Chest Wall: (cont)

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

Peripheral Oedema:

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

Conclusion:

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

