Introductory Clinical Appointment Faculty of Medicine Peradeniya

Examination of the respiratory system

	What to do	What is expected from the student	Not done	Done with mistakes	Done correct
1	Preparation – Torch, tape, stethoscope, Peak flow meter, charts Name, age, weight of the patient	Understand what is expected from you			
2	Introduce yourself to patient/mother, 'consent' for examination	Develop rapport with patient , mother			
3	General look at the patient while greeting and talking	Severity of illness, dyspnoea, dysmorphic features, audible noises; stridor, wheezing, grunting, use of accessory muscles, head nodding			
4	Observe surrounding while talking to patient	Temperature charts, inhalers, monitors, neulizers, peak flow meters			
5	Examine the hand	Clubbing, cyanosis, pallor			
6	Head and neck - Head size, eyes, mouth, neck	Pallor/ plethora, cyanosis, nasal flaring, cervical axillary lymph nodes			
7	Chest inspection anteriorly	Chest deformity, scars/puncture marks, supra sterna/ intercostals/ sub costal recessions, RR, chest movements			
8	Palpation – supra sternal space, apex, chest expansion, (Upper middle and lower zone compare R and L including axillae) vocal fremitus,	Mediastinal shift, confirm asymmetry/ symmetry of chest expansion, (upper middle and lower zone)			
9	Percussion – Upper middle and lower zone compare R and L including axillae	Recognize stony dullness, dullness, normal resonance, hyper resonance, liver and cardiac dullness			
10	Auscultation –listen upper middle and lower zone R and L (including axillae) for breath sounds, additional sounds, vocal resonance	Air entry, type of breath sounds (vesicular breathing or bronchial breathing), vocal resonance, additional sounds(crepitations, rhonchi and pleural rub			
11	Repeat steps 7,8,9,and 10	Remember most of the lung is			
	posteriorly except axillae	situated posteriorly			
11	Terminate helping the patient to dress after thanking				
12	Presentation	General comment about the patient, ill or well, degree of dyspnea. Physical signs detected and the site (R or left anterior or posterior upper middle or lower zone) decide on possible pathology			