

RS Check list :-

1) Introduction

- Introduce yourself
- patient Name
- permission
- privacy
- chaperon
- Temperature
- Light
- exposure from umbilicus and above
- hand washing
- position of the patient 45° degrees and the doctor (from foot of the bed then to Right side)

2) General Look + first impression

* From the foot of the bed :-

- conscious / alert / oriented
- medical equipment
- shape
- symmetry
- pattern of breathing [thoracoabdominal → female / Abdominothoracic → male]
- Chest deformities (kyphosis , scoliosis , carinatum , excavatum , barrel chest)
- expansion → symmetrical bilateral chest movement
- distress signs [intercostal retraction , using of accessory muscles , pursed lips , Nasal Flaring , Tripod position , tachypnoea]
- Audible Sounds [wheeze / stridor / hoarseness of voice]
- Odours
- No paradoxical breathing
- AP / Lateral diameter
- Skin discolouration (like cyanosis)

Comments :-

The patient is sitting at 45° degrees , comfortable , conscious , alert , oriented to place time and person , No attachment to medical equipment . No audible sounds , No abnormal odours , No skin discolouration , No cyanosis , Normal chest shape , Symmetrical , No chest deformities like [kyphosis / scoliosis / pectus excavatum / pectus carinatum / barrel chest] , Abdominothoracic breathing pattern , bilateral symmetrical chest movement , Normal AP / lateral diameters , No paradoxical breathing , No distress signs [No tachypnoea / No intercostal retraction / No pursed lips / No Nasal Flaring /]

No using of accessory muscles.

+ From Right side of the patient :-

- Scars
- skin lesion
- swelling
- Dilated veins
- Axilla
- SVC syndrome
- Surgical emphysema
- hair distribution
- No use of accessory muscle

Comments -

No scars / No swelling / No subcutaneous Nodules / No visible dilated veins /
/ No skin lesion / Normal hair distribution / No using of Accessory muscles

3) Vital Signs

- BP
- HR
- RR
- Temp

↑ HR + ↑ Temp + ↓ BP
indication to septic shock
(pneumonia)

BP < 90/60 massive PE

+ O₂ Sat

+ BMI

4) Hands

- sweating / dryness
- temperature
- kar staining
- peripheral cyanosis
- pallor
- palmar erythema / flushed hands → indicate for CO₂ retention
- yellow nail syndrome → indicate for Lymphedema / pleural effusion
- muscle wasting → indicate for Cavitary lung tumours
- clubbing ↗ 4 tests
↳ most common causes: Fibrosis, effusion, Lung cancer and bronchiectasis

- **tremor**
 - fine tremor → due to B-agonist inhalers in Asthma patients
 - flapping tremor → due to CO₂ retention / Liver-heart failure
- **HPOA**
 - ↳ tenderness at the end of long bones → indicate for Lung Cancer

Comment 8-

No peripheral cyanosis, No Nail discoloration [Yellow nail syndrome], No pallor, No hair staining,
 No palmar erythema, Bilateral warm hands, No sweating, No muscle wasting, No fine tremor
 No flapping tremor, No HPOA

5) Head and Neck

- Colour

- * cyanosis tongue
- + pallor conjunctiva
- > Jaundice sclera

- Horner's Syndrome → pancyt tumour

- * ptosis
- + miosis
- > anhydrosis

- SVC obstruction

- Visible veins
- + Flushing Face
- > swelling

- plethora Face → poly cythemia → COPD

- oral hygiene
- Scars and swelling in the neck
- JVP check
- Lymph nodes (especially scalene)

Comment 8-

No cyanosis, No pallor, No Jaundice, No Horner's syndrome (No ptosis, No miosis, No anhydrosis), good oral hygiene, No plethora face, No SVC obstruction (No swelling, No visible dilated veins, No flushing)

No scars, No swelling, No visible masses, Normal JVP

No palpable lymph nodes, No tenderness

6) Chest Examination

1] Inspection → Done already

2] Palpation

* trachea

- tracheal deviation → away lesion: pneumo, effusion toward: fibrosis, pneumonectomy
- tracheal tug → if present: hyperinflation, aortic aneurysm
- Corticosternal distance → Normally 5cm but less in hyperinflation

دالیتیا
جیوب
post. chest

Comments:-

Normally central trachea

No tracheal tug

Normally corticosternal distance 3-4 fingers

* continuous movement on chest without any gap Horizontally *

Comment: No tenderness / No masses nodules / No surgical emphysema

* Apex beat * → deviated in left ventricular hypertrophy / absent in hyperinflation covered by lingula

comment: apex is palpated at normal location 5th intercostal mid clavicular

* Heave * - present in pulmonary hypertension / hypertrophy

comment: No left ventricular heave / No Right ventricular heave

* Tactile vocal fremitus * repeat 44

comment: symmetrical bilateral tactile vocal fremitus

* Chest expansion * ← anteriorly → 2 level ← posteriorly → 1 level

comment: symmetrical bilateral chest expansion (5 cm expanded)

3] Percussion

- horizontal - clavical directly - Dull on Liver and apex of heart Normally

Comments: Bilateral Symmetrical resonant percussion note all over the chest

4] Auscultation

- * Vesicular breathing → soft sound heard over the chest
- * bronchial breathing → high pitch sound heard over the large airways like trachea
 - ↳ if heard on chest : consolidation
fibrosis

Comment :- Sym Bi vesicular breathing with good air entry

- * Added sound :- wheeze / crackles / pleural rub

Comment :- No Added sounds

- * Vocal resonant (44)

Comment : Sym Bi vocal resonant

- * whispering pectoriloquy / Acogphony

Comment : No whispering , No acogphony

* Posterior Chest examination

- sitting upright

* inspection same

* palpation → superficial / Trachea / Chest expansion / TUF

* percussion → same + Diaphragmatic excursion on each side (5-8 cm)

* Auscultation → same

I) Finally say that

"I would like to examine the abdomen for hepatomegaly and ascites and examine lower limb for check the edema, erythema nodosum and clubbing!"

كل الارجواں Lateral Side جسیں