

RS EXAMINATION CHECKLIST

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General Notes:

Introduction
<ul style="list-style-type: none"> • Ask for permission • Wash your hands • Privacy, illumination, warmth • Ask for chaperone, exposure from neck to umbilicus

Positioning
<ul style="list-style-type: none"> • The patient's position (semirecumbent (45 degrees) or sitting upright) • Your position (foot of bed, right bedside)

General exam start:

First impression
<ul style="list-style-type: none"> • Consciousness and orientation. • Patient position (Tripod) • Medical devices. • Respiratory distress (tachypnea, cyanosis, nasal flaring, pursed lips, barrel chest, indrawing of intercostals, accessory muscles) • Breathless, in pain • Breath sounds (wheeze, stridor, hoarseness) • Breath smell (smoke, alcohol)

Vitals
<ul style="list-style-type: none"> • Pulse • BP (pulsus paradoxus) • RR • O2 Sat • Temperature • BMI

Hands
<ul style="list-style-type: none"> • Temperature, Sweat • Erythema • Muscle wasting • Nails (yellow nails, clubbing) • Tar staining • Cyanosis • Wrist tenderness • Tremors (fine, coarse (flapping))

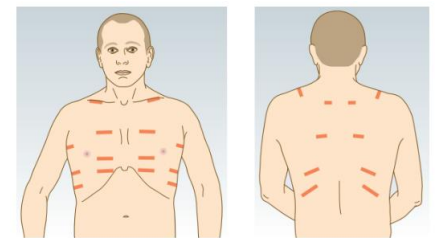
Face
<ul style="list-style-type: none"> • Central cyanosis (tongue) • Conjunctival pallor • Horner's syndrome (lid dropping, symmetrical pupils, anhidrosis) • Plethora • Swelling • Neck • Visible masses, scars, veins • JVP, lymph nodes

Chest examination notes: Stay away from midline, remember apex of the lung, test 3 intercostal areas anteriorly and 3 laterally. Always test symmetry. Mention your location in relation to patient BED.

CHEST EXAMINATION

Anterior chest exam: Semirecumbent position & exposure above the waist.

Inspection: Foot of the **BED** (breathing, expansion, deformities)



Breathing pattern
<ul style="list-style-type: none"> • Thoracoabdominal, abdominothoracic • No abnormalities (tachypnea, kussmaul, cheyne-stokes)

Expansion
<ul style="list-style-type: none"> • "Chest moves with respiration, symmetric"

Deformities
<ul style="list-style-type: none"> • "The chest is symmetrical elliptical in cross section, no pectus excavatum, no pectus carinatum, no kyphosis, no scoliosis, no barrel chest"

From **right side** of the bed:

Accessory muscle use

Visible scars, masses, veins

Hair distribution

Nipples and skin lesions

Audible sounds of breathing (Stridor, wheeze, hoarseness)

Palpation: Ask for permission, ask for any area of pain & examine it last, warm your hands & maintain **eye-to-eye contact** throughout examination.

Superficial palpation	Mediastinal deviation	Locate apex beat	Chest expansion	TVF
<ul style="list-style-type: none"> •Tenderness •Subcutaneous /Superficial nodules •Subcutaneous emphysema 	<ul style="list-style-type: none"> •Tracheal deviation •Cricosternal distance •Tracheal tug •"Trachea centrally located, cricosternal distance 4 cm and no tracheal tug." 	<ul style="list-style-type: none"> •First locate beat roughly then specifically •Apex beat in left 5th ICS in mid clavicular line, gently tapping (describe beat) 	<ul style="list-style-type: none"> •Symmetry and distance •"Symmetrical bilateral chest expansion with thumbs 5 cm apart." 	<ul style="list-style-type: none"> •Symmetrical bilateral TVF all over the chest
				RV or LV heave

Percussion: Stay away from midline. If normal, comment: "Symmetrical bilateral resonant percussion note all over the chest.". And comment on location of liver dullness; normally "upper edge of liver dullness in Rt fifth intercostal space, at MCL."

Auscultation: We always use the **diaphragm**, each location compared to other side, stay away from midline.

Breathing sounds	Vocal resonance
<ul style="list-style-type: none"> • Vesicular or bronchial • "symmetrical bilateral vesicular breathing sound, good air entry bilaterally." • "No wheeze. No crackles. No pleural friction rubs. No clicks." 	<ul style="list-style-type: none"> • "Symmetrical bilateral vocal resonance" • Consolidation signs: • Aegophony • Whispering pectoriloquy

Posterior chest exam: Position the patient sitting upright, exposed above the waist, hands crossed anteriorly to pull the scapulas away from midline.

Inspection: foot of BED

Expansion	Deformities
<ul style="list-style-type: none"> •"Chest moves with respiration, symmetric" 	<ul style="list-style-type: none"> •"The chest is symmetrical elliptical in cross section, no deformities"

Right side of bed:

Visible scars, masses, veins	Hair distribution	Skin lesions	Audible sounds of breathing (Stridor, wheeze, hoarseness)
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Palpation:

Superficial palpation	Mediastinal deviation	Chest expansion	TVF
<ul style="list-style-type: none"> •Tenderness •Subcutaneous/Superficial nodules •Subcutaneous emphysema 	<ul style="list-style-type: none"> •Tracheal deviation •Cricosternal distance •Tracheal tug •"Trachea centrally located, cricosternal distance 4 cm and no tracheal tug." 	<ul style="list-style-type: none"> •Symmetry and distance •"Symmetrical bilateral chest expansion with thumbs 5 cm apart." 	<ul style="list-style-type: none"> •Symmetrical bilateral TVF all over the chest

Percussion: Same anterior comment and do **diaphragmatic excursion** on each side (normally 5-8 cm).

Auscultation: Same for anterior.

Say last: "I'd like to run an ENT examination for the upper airways and examine the abdomen for hepatosplenomegaly, and check for limb edema or swelling and erythema nodosum".