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CHECKLIST FOR RESPIRATORY EXAMINATION – UNDERGRADUATE GUIDE

Ones in BLACK must do or comment on, Ones in BLUE must comment on only if present or applicable to patient. Content in blue should be in back of your mind so say when you are practicing but not during exam unless seen on the patient in the exam.
FOLLOW THIS CHECKLIST IN PUBLISHED ORDER

Stage 1 – Pre Exam Checklist	
1. Alcohol Gel	
2. Introduction – "Shake hands/ hello my name is……."	
3. Consent – "Will it be okay if I examine your hands and chest?" • Can offer patient chaperone	
4. Positioning – lie at 45º, check if patient comfortable in said position	
5. Exposure – expose from waist upwards *but remember to preserve dignity of patient esp. if female (e.g. cover with towel)*	
Stage 2 – General inspection **NB: POSITION YOURSELF TO THE RIGHT SIDE IF NOT ALREADY DONE SO AS ALL EXAMINATION SHOULD BE PERFORMED FROM THE RIGHT SIDE OF PATIENT**	
1. Take a step back to end of the bed	
2. Comment on patient (obvious only) • Comfortable at rest or not • Obvious pallor, cachetic, cyanosis, sweating • Any respiratory distress: tachpnoea, nasal flaring, tracheal tug, accessory muscle use (sternocleiodomastoid, platysma, infrahyoid, pectorals), intercostal/ subcostal/ sternal recession • Can you hear a wheeze/ stridor? • Any voice change?	
3. Comment on obvious tubes / connections attached to patient • Oxygen – route of delivery, rate • Any nebulisers • Any NIV e.g. BiPAP/ CPAP • Chest drains	
4. Obvious chest findings • Chest shape: hyperinflated (barrel), pectus excavatum, pectus carinatum • Spine: kyphosis/ scoliosis • Scars – surgery, chest drains, radiotherapy (skin thickening, tattoos) • Symmetrical breathing Remember this is not close inspection of chest, so only mention obvious things. Don't commit to things at this stage.	
5. Comment on surroundings • Inhalers, sputum pots – have a look inside, peak flow meter	

• Walking aids • Or say "there are no other obvious clues around the bed"	
Stage 3 - Peripheral Examination	
1. Hands • Nails – Clubbing (*Causes), tar staining • Nails other – nail bed pallor, cherry red nails (CO poisoning) • Peripheral cyanosis • Warmth – Very cold and clammy (bleeding, dehydration) vs. warm and clammy (sepsis, CO_2 retention), or normal • Capillary refill time • Fine tremor (beta agonist use) • Intrinsic muscle wasting (T1 lesion e.g. Pancoast's tumour)	
2. Wrist • Pulse: rate, rhythm – is it bounding (CO_2 retention)? • Respiratory rate: after checking their pulse, keep hand on it and count rate • Check for asterixis (CO_2 retention) • Tender wrists (+ clubbing = hypertrophic osteoarthropathy usually due to malignancy)	
3. Offer to do blood pressure at this stage (examiner will say move on)	
4. Head • Face: Pallor or cyanosis • Eyes - Conjunctiva (pull lower lid down and ask patient to look up) – "No conjunctival pallor" or "pale conjunctiva – possible anaemia". N.B. Only 1 eyelid needs to be checked. - Horner's syndrome (ptosis, miosis, anhydrosis, enophthalmos) • Mouth - Central cyanosis - Hoarse voice	
5. Neck • Check cervical lymph nodes from behind – *can leave till later when examining back but do not forget!* • Tracheal deviation: warn patient beforehand of discomfort • Cricosternal distance: normal 3cm • Assess JVP – raised in cor pulmonale	
Stage 4 - Chest	

1. Closer inspection – Now is the time to look closely at things you may have briefly commented on in general inspection • Scars – ensure you look at their back and under their arms for lobectomy scars • Chest wall deformities • Symmetrical chest movement	
2. Can start examining the front/ back - recommended to start at the **back** esp. in women • Once you have decided on a side, complete examination before moving onto the other side.	
3. Ask the patient if they have any pain in their chest wall	
4. Warn them you will examine their chest with your hands and say "let me know if you have any pain"	
5. Other – warn if you have cold hands etc and rub them to make them warm	
6. Palpation – expansion • Ask patient to "breathe out all the way" and place hands around chest • Then ask patient to take deep breaths in and out • Watch movement of thumbs apart – should be about 5cm. Distance < 5cm is abnormal.	
7. Percussion: Over 4 points on each side and make sure you compare both sides! • When examining the front: percuss over the clavicles to check the lung apices e.g. pneumothorax	
8. Tactile vocal fremitus or vocal resonance • Ask patient to say "99" and assess with ulnar surface of hands or auscultate	
9. Auscultation: say "can you take deep breaths in and out through your mouth?" Listen using diaphragm over 4 points on each side and compare right/ left side • Vesicular vs. Bronchial breathing • Reduced breath sounds? (effusions, pneumothorax, asthma, COPD) • Are there any added sounds e.g. wheeze, crackles (crepitations), pleural rubs, pneumothorax click? Where are they – right/ left/ upper/ lower zones/ basal/ etc.? • When examining the front, auscultate over the apices	
10. Repeat steps 7-9 on the other side i.e. if you started on the back, move to the front and examine	
11. Apex beat • Is it impalpable? – dextrocardia, COPD, pleural effusion • Is it displaced? – left ventricular hypertrophy, scoliosis, kyphoscoliosis, severe pectus excavatum	

Stage 6 - The Legs	
1. Check for peripheral oedema	
Stage 7 - To finish off	
Turn to the examiner and say: "To complete my examination I would like to:" • Check the patient's observation chart – looking specifically at temperature and oxygen saturations • Examine sputum pot • Check Peak flow	
Stage 8 - Completion	
• Thank the patient • Offer to help get dressed and cover up • USE ALCOHOL GEL AGAIN AT THE END	
Stage 9 - Present examination findings	
END OF EXAMINATION	