

Chest Examination

OBJECTIVE: To conduct a complete Chest Examination.

MATERIALS: Well illuminated examination room, examination table and stethoscope.

D: Appropriately done PD: Partially done ND: Not done/Incorrectly done

STEP/TASK	D	PD	ND
Preparation			
16. Introduce yourself to the patient and Confirm patient's ID.			
17. Take a history related to respiratory signs and symptoms (cough, difficulty in breathing, chest pain etc.)			
18. Explain the procedure, reassure the patient and get patient's consent.			
19. Wash hands			
20. Position the patient in a 45 degree sitting position and uncover his/her upper body.			
Examination			
General inspection			
21. Observe the patient's general appearance (<i>age, state of health, nutritional status and any other obvious signs e.g. dyspnoea, cyanosis, audible breathing, using accessory muscle for breathing coughing</i>).			
22.			
Hands and pulse			
23. Pick up the patient's hand; inspect and examine (<i>Temperature, Nail for clubbing, peripheral cyanosis, splinter haemorrhages, Nail signs of iron deficiency</i>).			
24. Take the patient's radial pulse (<i>Determine the Rate, Rhythm and the Character of the pulse</i>).			
25. Test for flapping tremor.			
Face			
26. Inspect the patient's face (<i>sclerae, pupils, malar rash, pallor, jaundice mouth, palate, dentition</i>). <i>Inspect the mouth for oral hygiene, Check for central cyanosis under the tongue</i>			
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Chest Examination			
STEP/TASK	D	PD	ND
Examination			
Chest : Examination of respiratory system with focusing on the surface markings of the normal lungs			
27.	Inspect the patient's chest (<i>shape -pectus carinatum, pectus excavatum-, asymmetry, lesions, scars, deformity, movement of the chest</i>).		
Palpation of the chest (<i>Ask the patient if he has any chest pain before palpation</i>).			
28.	Trachea: Look for the position of trachea (<i>from in front of the patient the forefinger of the right hand is pushed up and backwards from the suprasternal notch until the trachea is felt</i>).		
29.	Palpate for the position of the cardiac apex.		
<i>Carry out all subsequent steps on the front of the chest and once this is done, repeat them on the back of the chest.</i>			
30.	Palpate ribs by gently compressing (<i>antero-posteriorly and laterally</i>) the chest wall FOR ANY TENDERNESS.		
31.	Palpate for equal chest expansion, <ul style="list-style-type: none"> • Comparing one side to the other. • Using a measuring tape, measure the chest expansion Perform tactile vocal fremitus		
32.	Palpate the cervical, supraclavicular, infraclavicular, and axillary lymph nodes.		
Percussion of the chest			
33.	<ul style="list-style-type: none"> • Percuss the chest. Start at the apex of one lung, and compare one side to the other. • Percuss over the clavicles and on the sides of the chest. 		
Auscultation of the chest (<i>Ask the patient to take deep breaths through the mouth</i>)			
34.	Auscultate the lungs and recognize normal breath sounds <i>by using the diaphragm of the stethoscope</i> . Start at the apex of one lung and compare one side to the other. Look for the quality, intensity of the breath sounds and any abnormal sounds (<i>wheezes or crackles</i>).		
35.	Auscultate for vocal resonance		
36.	Measuring peak flow in a normal subject		
Remember: Cardiac examination is an essential part of the respiratory assessment and vice versa.			
After the examination			
37.	Indicate that you would test the urine.		
38.	Ensure that the patient is comfortable.		
39.	Make explanations to the patient, answer his/her questions and discuss management plan.		
40.	If appropriate, order diagnostic investigations. (<i>e.g. sputum culture, XRay, spirometry, PFT, a CXR, CRP etc.</i>).		
41.	Wash hands. Document the procedure.		

Auscultation areas of the chest

