



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			
1. Introduce yourself to the patient.			
2. Confirm patient's ID.			
3. Explain the procedure and reassure the patient.			
4. Get patient's consent.			
5. Wash hands.			
6. Prepare the necessary materials.			
7. Position the patient in a 45 degree sitting position and uncover his/her upper body.			
Examination			
General inspection			
8. Observe the patient's general appearance (<i>age, state of health, nutritional status and any other obvious signs e.g. dyspnoea, cyanosis, audible breathing, coughing</i>).			
9. Look for: <ul style="list-style-type: none"> • The rate, depth, and regularity of the patient's breathing. • Any deformities of the chest and spine. • Any asymmetry of chest expansion. • The use of accessory muscles of respiration. • The presence of scars. 			
Hands and pulse			
10. Pick up the patient's hand; inspect and examine (<i>Temperature, Color, Nail clubbing, Nail splinter haemorrhages, Nail signs of iron deficiency</i>).			
11. Take the patient's radial pulse (<i>Determine the Rate, Rhythm and the Character of the pulse</i>).			
12. Test for flapping tremor.			
Face			
13. Inspect the patient's face (<i>sclerae, pupils, malar rash, mouth, palate, dentition</i>).			
Neck			
14. Assess the jugular venous pressure and the jugular venous pulse form: <ul style="list-style-type: none"> • Ask the patient to turn his head slightly to one side. • Look at the internal jugular vein medial to the clavicular head of sternocleidomastoid. • Assuming that the patient is at 45 degrees, the vertical height of the jugular distension from the sternal angle should be no greater than 4 cm. 			
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Chest Examination				
STEP/TASK	D	PD	ND	
Examination				
Chest				
15.	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>).				
16.	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>).			
17.	Palpate for chest expansion.			
18.	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>				
19.	Palpate for equal chest expansion, • Comparing one side to the other. • Using a measuring tape, measure the chest expansion.			
20.	Test for vocal (tactile) fremitus.			
21.	Palpate ribs by gently compressing (<i>antero-posteriorly and laterally</i>) the chest wall.			
22.	Palpate the cervical, supraclavicular, infraclavicular, and axillary lymph nodes.			
Percussion of the chest				
23.	• 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>)				
24.	<i>Using the diaphragm of the stethoscope, auscultate the chest.</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>).			
25.	Test for vocal resonance.			
Remember: Cardiac examination is an essential part of the respiratory assessment and vice versa.				
After the examination				
26.	Indicate that you would test the urine.			
27.	Ensure that the patient is comfortable.			
28.	Make explanations to the patient, answer his/her questions and discuss management plan.			
29.	If appropriate, order diagnostic investigations. (<i>e.g. sputum culture, XRay, spirometry, PFT, a CXR, FBC, CRP etc.</i>).			
30.	Dispose of sharps and waste material according to infection control standards.			
31.	Wash hands.			
32.	Document the procedure.			

Auscultation areas of the chest

