



FIG 4-15 Location of superficial lymph nodes. Arrows indicate directional flow of lymph.

Palpate nodes using the distal portion of the fingers and gently but firmly pressing in a circular motion along the regions where nodes are normally present. During assessment of the nodes in the head and neck, tilt the child's head upward slightly but without tensing the sternocleidomastoid or trapezius muscles. This position facilitates palpation of the **submental**, **submandibular**, **tonsillar**, and **cervical nodes**. Palpate the **axillary nodes** with the child's arms relaxed at the sides but slightly abducted. Assess the **inguinal nodes** with the child in the supine position. Note size, mobility, temperature, and tenderness, as well as reports by the parents regarding any visible change of enlarged nodes. In children, small, nontender, movable nodes are usually normal. Tender, enlarged, warm, erythematous lymph nodes generally indicate infection or inflammation close to their location. Report such findings for further investigation.

Head and Neck

Observe the head for general shape and symmetry. A flattening of one part of the head, such as the occiput, may indicate that the child continually lies in this position. Marked asymmetry is usually abnormal and may indicate premature closure of the sutures