

SHARPEN YOUR

CLINICAL SKILLS

A PRACTICAL GUIDELINE

BY

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FIRST EDITION

CONTENTS/GUIDELINES

A. BIODATA/ PATIENT PARTICULARS

- Name
- Gender
- Age
- Residence
- Contact/Mobile number
- Address
- Ward
- Bed number
- Date of admission
- Days in hospital
- Informant

B. CHIEF COMPLAINT/S

- What brought the patient to hospital.
- State the complaints in a chronological order and indicate the duration of each complaint. i.e. how long has the complaint been there.

C. HISTORY OF PRESENTING COMPLAINT/S

- Discuss /Expound on each complaint and exhaust/inquire everything about the affected system.

D. SYSTEMIC REVIEW

I. RESPIRATORY SYSTEM

- Cough
- Chest pain
- Difficulty in breathing
- Wheeze
- Hoarseness
- Family history of asthma
- History of smoking
- Working environment – paint sprayer, workers in electronics, rubber or plastics industries, and woodworkers.

II. CARDIOVASCULAR SYSTEM

- Chest pain
- Dyspnea – Exertional dyspnea, Orthopnoea or Paroxysmal Nocturnal Dyspnoea
- Exertional fatigue – Easy fatigability
- Palpitations – Awareness of the heartbeat.
- Dizziness and syncope

III. GASTRO-INTESTINAL TRACT

- Abdominal pain
- Diarrhoea
- Anorexia
- Vomiting
- Dysphagia and odynophagia
- Heartburn and reflux
- Indigestion (dyspepsia)
- Flatulence
- Constipation
- Alteration of bowel pattern
- Abdominal distension
- Weight loss
- Haematemesis
- Rectal bleeding
- Melaena
- Jaundice
- Itching (Pruritus)

IV. GENITAL URINARY TRACT

- Pain on passing urine - dysuria
- Pass on passing urine - Pyuria
- Blood on passing urine - Haematuria
- Urine retention
- Genital rash, ulcerations
- Lower abdominal pain
- Lower Backache

V. CENTRAL NERVOUS SYSTEM

- Episodes of loss of consciousness
- Headache
- Seizures
- Vision
- Hearing
- Cognitive disturbance
- Speech, swallowing
- Numbness and weakness
- Arms, handwriting
- Legs, walking
- Involuntary movements - tremors
- Bladder, bowel function

VI. MUSCULO-SKELETAL SYSTEM

- Joint pain
- Joint swelling
- Joint stiffness

- Joint deformity
- Loss of joint function – mobility
- Independence – Use of wheel chair or walking aids
- Gait – is it normal or abnormal?
- Posture
- Muscle wasting
- Pain over bones
- Broken bones – fractures

REMEMBER – GALS (Gait, Arms, Legs, Spine)

VII. ENDOCRINE SYSTEM

- Appetite changes
- Weight changes
- Lethargy
- Bowel habits
- Urinary Frequency - polyuria
- Thirst and polydipsia
- Sweating
- Pigmentation
- Hair distribution – hirsutism or excessive hair growth
- Skin and soft tissue changes
- Headache and visual disturbance
- Alteration in growth
- Changes in sexual function
- Flushing

E. OBSTETRIC AND GYNAECOLOGICAL HISTORY – FOR FEMALES

-

F. PAST MEDICAL AND SURGICAL HISTORY

-

G. PERSONAL SOCIAL AND ECONOMIC HISTORY

-

H. FAMILY HISTORY

-

I. PHYSICAL EXAMINATION

I. GENERAL EXAMINATION

A. General assessment

- i. Gauge the age of the patient – e.g. young, middle aged, elderly patient
- ii. State the decubitus – e.g. sitting on bed or lying supine, prone, left lateral or right lateral on bed

- iii. Describe the environment – e.g. the patient has a bandage on the dorsum of his/her left hand, the patient is feeding, the patient is on infusion or transfusion or oxygen, there is an oxygen machine besides the bed of the patient, the patient has a chest tube, there is undergoing under water seal drainage equipment besides the bed of the patient.
 - iv. Assess the nutritional state e.g. the patient is well nourished, the patient is in good nutritional state, the patient is in poor nutritional state.
- B. Examine the eight examinable features/parameters.
- Pallor – sclera, tongue, palm, capillary refill
 - Jaundice - conjunctiva
 - Cyanosis – central and peripheral
 - Oral thrush – sides of the tongue, hard and soft palate, buccal mucosa
 - Dehydration – Sunken eye balls, dry lips, skin turgor.
 - Finger clubbing – examine and grade
 - Lymph nodes – check in all examinable areas
 - Oedema – follow the recommended standard procedure

II. VITAL SIGNS

Assess all the vital signs and comment e.g. normal, reduced/decreased or increased/elevated.

- Temperature – Normal range – 36.6°C – 37.2°C
- Pulse rate - Normal range – 60-80/minute
- Respiratory rate - Normal range - 16-24/minute
- Blood pressure - Normal range – 120/60 – 140/90
- Body Mass Index (BMI) - Normal range – 18.5-25.0 kg/m²

III. SYSTEMIC EXAMINATION

1. RESPIRATORY SYSTEM

a. Inspection

- Respiratory distress
- size, shape & symmetry of the chest
- chest movements with respiration
- obvious/visible deformities, protrusion & masses

b. Palpation

- Do a light palpation to detect skin temperature & tenderness
- On deep palpation, palpate for the;
 - a. Position of trachea
 - b. Chest expansion vocal
 - c. Tactile fremitus
 - d. Palpable masses.

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- c. Percussion
 - Resonance – Resonant, dullness, Hyper-resonance, stony dullness
- d. Auscultation
 - 1. Breath sounds
 - Normal breath sounds – Vesicular, Bronchial
 - Added breath sounds – Crepitations, rhonchi, bronchial breath sound, pleural rub.

2. CARDIOVASCULAR SYSTEM

It follows on inverted J pattern which comprises of;

- a. Splinter haemorrhages, finger clubbing, pallor, capillary refill, oslers, nodes, cyanosis, jaundice)
- b. Pulses (radial & brachial)
- c. Blood pressure
- d. Pulsations at the neck and measuring of JVP (jugular venous pressure)
- e. Precordium on the chest.
 - Inspection
 - Chest deformities
 - Hyperactivity of precordium
 - Bulging at precordium
 - Palpation
 - Heart rate
 - Heave – Apical and parasternal
 - Thrills
 - Auscultation
 - Heart sounds
 - Normal heart sounds e.g. 1st and 2nd heart sounds
 - Added heart sounds e.g. Murmurs, Pericardial rub,

3. GASTRO-INTESTINAL SYSTEM

- a. Inspection
 - Symmetry
 - Movement with respiration
 - Visible dilated blood vessels
 - Marks, scars – Therapeutic, cosmetic, surgical, traditional
 - Umbilicus – Position, shape
- b. Auscultate
 - Bowel sounds
 - Bruits
- c. Palpate

- Light/superficial – Areas of tenderness: rebound tenderness; muscle guarding, palpable masses
- Deep palpation – Organomegally – left kidney, spleen, liver: size; liver span, gall bladder, right kidney, urinary bladder
- d. Percuss
 - Fluid thrill
 - Shifting dullness

4. CENTRAL NERVOUS SYSTEM

- a. Higher centers
 - Appearance and behavior – Consciousness, mood,
 - HID – Hallucinations, Illusions, Delusions
 -
- b. Cranial nerves
 - 1st Cranial nerve – Olfactory
 - a.
 - 2nd Cranial nerve -
 - 3rd Cranial nerve -
 - 4th Cranial nerve -
 - 5th Cranial nerve -
 - 6th Cranial nerve -
 - 7th Cranial nerve -
 - 8th Cranial nerve -
 - 9th Cranial nerve -
 - 10th Cranial nerve -
 - 11th Cranial nerve -
 - 12th Cranial nerve -
 -
- c. Motor function
 - Muscle power
 - Muscle bulk
 - Muscle tone
 - Reflexes – Superficial & Deep
 - Coordination
 - Gait
 - Involuntary movement
- d. Sensory function
 - Tactile sense
 - Vibration sense
 - Pain sense

- Proprioception
- Two point discrimination test
-

e. Signs of meningeal irritation

- Neck stiffness
- Kerning's sign
- Brudzinkski's sign
- Straight leg raising

5. MUSCULO-SKELETAL SYSTEM

a.

J. IMPRESSION

- State the most probable diagnosis.
- From all the signs and symptoms you have found in the patient, what is the patient suffering from?

K. DIFERENTIAL DIAGNOSES

- From all the signs and symptoms you have found in the patient, apart from the most probable diagnosis, what other conditions could the patient be suffering from?
- What can be confused with the impression you have just made?

L. INVESTIGATIONS

- Request for relevant investigations as per the found findings.

M. MANAGEMENT

I. SUPPORTIVE MANAGEMENT

II. SPECIFIC MANAGEMENT

III. PREVENTION

IV. REHABILITATION