RESPIRATORY EXAMINATION GUIDE

Please note these guides are not necessarily the curriculum taught at the medical schools. They are basic templates to assist in structuring bedside teaching, for stimulating thought about clinical findings and aiding constructive feedback back from junior doctors to medical students.

Introduction Wash hands Introduce Asks for consent to examine Exposure and positioning Inspection Dyspnoea, use of accessory Oxygen requirements Scars, Frail Bedside: CPAP, sputum cup Cough Hands Nails: clubbing Tar staining Peripheral cyanosis Wasting hand muscles Asterixis- CO2 narcosis Pulse Face Eyes: Horner's, jaundice, anaemia Mouth: central cyanosis Voice: hoarseness Trachea Midline or deviated Precordium Anterior Inspect: Scars, deformity Palpate: Chest expansion Percuss: Dull or resonant Auscultate: Apex of lung Crackles, other added sounds Posterior Inspect: same as above Palpate: Lymph nodes in neck, Chest expansion – Normal >5cm, Percuss: Back and axilla Auscultate: same as above (vocal fremitus)		Method	Observed/Comment
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Inspect: same as above Palpate: Lymph nodes in neck, Chest expansion – Normal >5cm, Percuss: Back and axilla Auscultate: same as above (vocal fremitus)		Crackles, other added sounds	
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Chest expansion – Normal >5cm, Percuss: Back and axilla Auscultate: same as above (vocal fremitus)		Inspect: same as above	
Percuss: Back and axilla Auscultate: same as above (vocal fremitus)		Palpate: Lymph nodes in neck,	
Auscultate: same as above (vocal fremitus)		Chest expansion – Normal >5cm,	
(vocal fremitus)		Percuss: Back and axilla	
		Auscultate: same as above	
Comments:		(vocal fremitus)	
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