RESPIRATORY SYSTEM EXAMINATION

H: Hello "Introduce yourself , take permission & Confirm patient identity"

E: Explain What are going to do & Exposure " above the waist"

L: Light

P: Privacy " ask for chaperone" & Position " At 45 degree"

Wash your hands & Mention that you should take VITALS.

General examination

Hands: Clubbing , Peripheral Cyanosis, Tar staining , Muscle wasting , PR, tremor.

Face: toungue for Central Cyanosis , Plethoric face.

Neck: JVP , Lymph nodes. **Lower Limbs : Ankle edema, E. Nodusm**

Chest Examination

Inspection (from 2 Sites) AS ABOVE

From the foot of the bed & from Right Side of the patient

1- Symmetrical Chest expansion
2-Chest deformities
3-Accessory muscle use
4- Accessory devices & drains
5- Breathing pattern

1- Visible Scars (Thoracotomy)
2- Superficial masses or swelling
3- Dilated veins
4- You Should inspect Axilla

Palpation (Is There Any Pain ?)

1- Superficial : (Masses, Tenderness, SC emphysema).
2- Trachea : For tracheal deviation + Cricosternal distance
3- Heart : Apex beat & Rt. Sided (left parasternal) heave.
4- Tactile Vocal fremitus.
5- Chest expansion .

Percussion (Compare right with left, from TOP to bottom, then axilla).

Auscultation (Deep breaths; compare right with left, from top with bottom, then axillae) :

1-Breathing Sound Vs. Added Sound
2-Vocal resonance + Added tests

Thank the patient and clean your hands

DONE BY : Dr. Mahmoud Alali & Dr. Abdullah Alwikhyan

Common causes of tracheal deviation		
Away from the side of the lesion	**Towards to the side of the lesion**	**Upper mediastinal mass**
Tension pneumothorax	Upper lobe consolidation	Retrosternal Goiter
Massive pleural effusion	Upper lobe fibrosis	Lung cancer
	Pneumoectomy	Lymphoma

Tactile vocal fremitus / Vocal Resonance	
Increased	**Decreased**
-Consolidation **-Dense pulmonary fibrosis** **- Lobar collapse with patent major bronchi** **- Lung mass**	**- Pleural effusion/ Heamothorax** **- Obesity** **- Pneumothorax** **- Collapsed lung with obstructed major bronchi**

Percussion notes

Resonant	Hyperresonant	Dull	Stony dull
• Normal lung	• Pneumothorax	• Pulmonary consolidation • Pulmonary collapse • Severe pulmonary fibrosis	• Pleural effusion • Haemothorax

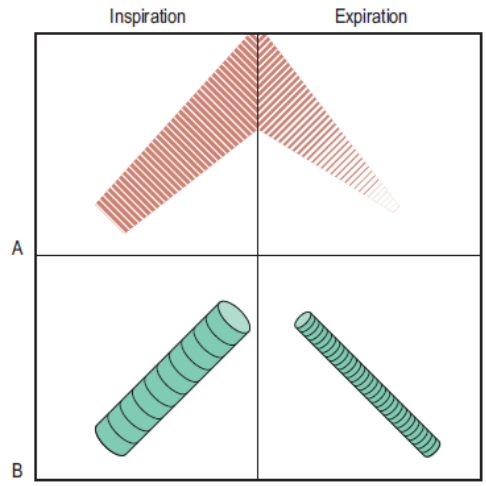

Fig. 7.19 Diagrammatic representation of breath sounds. **(A)** Vesicular. **(B)** Bronchial. Note the gap between inspiration and expiration and change in pitch and the blowing, tubular quality of bronchial breath sounds.

	Vesicular breathing	Bronchial breathing
Duration of sound	Inspiratory longer than expiratory	Expiratory longer than inspiratory
Intensity of expiratory	Soft	Loud
Pitch of expiratory	Low	High