
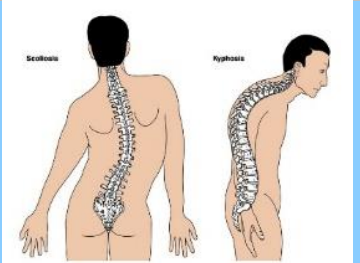



POSTERIOR(LATERAL) RESPI EXAMINATION

SPECIFIC EXAMINATION

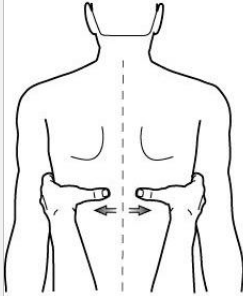
INTRODUCTION

STEP	EXPLANATION	HOW TO COMMENT	EXTRA/BONUS/IMPORTANT
INTRODUCE YOURSELF	MENTION YOUR FULL NAME AND WHERE YOU ARE FROM	“MY NAME IS...” “I’M A FIRST/SECOND/THIRD YEAR MEDICAL STUDENT FROM IMU”	SANITIZE YOUR HANDS HERE USING ALCOHOL OR GEL AS YOU ENTER THE ROOM
IDENTIFY THE PATIENT	ASK FOR FULL NAME AND LAST 4 DIGITS OF IC (YOU MAY ALSO ASK FOR AGE OR DOB)	“CAN I GET YOUR FULL NAME.” “CAN I GET THE LAST FOR DIGITS OF YOUR IC.”	“CAN I GET YOUR DATE OF BIRTH”
EXPLAIN THE PROCEDURE	EXPLAIN WHAT WILL HAPPEN DURING THE EXAMINATION AND WHY WE ARE DOING IT. IF CONSENT IS TO BE ASKED, PATIENT MUST BE AWARE AS TO WHAT HE/SHE IS CONSENTING TO.	“I’VE BEEN INSTRUCTED BY MY SENIORS TO DO A LUNG EXAMINATION . THIS INVOLVES YOU TAKING OFF YOUR UPPER GARMENT AND I WILL BE EXAMINING YOUR BACK TO ASSESS THE OVERALL HEALTH OF YOUR LUNG ”	
CONFIDENTIALITY	EXPLAIN THAT PATIENT PRIVACY AND CONFIDENTIALITY WILL BE MAINTAINED	“EVERYTHING DONE HERE WILL BE KEPT PRIVATE AND CONFIDENTIAL.”	CAN ADD “... BETWEEN THE MEDICAL TEAM AND I.”
CHAPERONE AND CONSENT	EXPLAIN A CHAPERONE WILL BE PROVIDED IF NEEDED AND FINALLY DO GET CONSENT CHAPERONES ARE NEEDED FOR PATIENTS WHO ARE TOO SICK TO GET AROUND BY THEMSELVES. CONSENT IS ASKED AFTER EVERYTHING HAS BEEN EXPLAINED	WHILST POINTING TOWARDS THE FACILITATOR: “THERE WILL BE A CHAPERONE PROVIDED IF NEEDED.” “DO I HAVE YOUR CONSENT TO PROCEED”	
EXPOSURE	ASK PATIENT TO REMOVE THE GOWN/NECESSARY CLOTHING	“CAN YOU PLEASE REMOVE YOUR UPPER GARMENT/GOWN”	
PAIN	ENSURE PATIENT IS PAIN FREE AS PATIENT SAFETY AND WELL BEING TRUMPS YOUR NEED TO CONDUCT AN EXAMINATION	“ARE YOU EXPERIENCING ANY PAIN”	MORE RELEVANT IN CASES OF PATIENT BROUGHT TO HOSPITAL DUE TO SYMPTOMS (SOB/CHEST PAIN/SWELLING) RATHER THAN FOR A CHECK UP
POSITIONING	ENSURE PATIENT IS AT RIGHT ORIENTATION TO DO THE EXAMINATION TO ENSURE ALL EXAMINATIONS ARE ACCURATE	ASK PATIENT TO SIT ON THE EDGE OF THE BED. ENSURE THE PATIENT’S BACK IS FACING THE FACILITATOR	

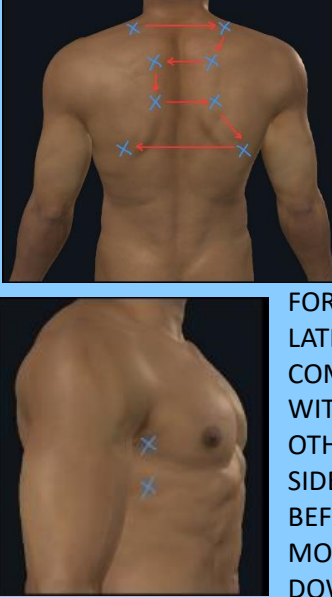
GENERAL INSPECTION – MOVE TO THE FOOT OF THE BED			
STEP	EXPLANATION	HOW TO COMMENT	EXTRA/BONUS/IMPORTANT
CONSCIOUSNESS LEVELS	COMMENT ON PATIENT'S ENGAGEMENT WITH YOU TO UNDERSTAND IF THE HIGHER BRAIN FUNCTIONS ARE COMPROMISED	"PATIENT IS ALERT, RESPONSIVE AND CONSCIOUS"	WE ARE ABLE TO DEDUCE THIS BECAUSE THE PATIENT WAS SPEAKING BACK TO US DURING THE INTRODUCTION
RESPIRATORY DISTRESS	HEART AND LUNGS ARE INTERCONNECTED; DUE TO IMPAIRED VENTILATION OR LACK OF PROPER CIRCULATION THE LUNGS WILL BREATHE DEEPLY AND FORCEFULLY IN AN ATTEMPT TO OXYGENATE THE BLOOD	"NO SIGNS OF RESPIRATORY DISTRESS"	WE ARE LOOKING FOR TACHYPNOEA (FAST BREATHING) AND OBVIOUS STRAIN WHILE DOING SO
GENERALISED CYANOSIS	COMMENT ON ANY OBVIOUS SIGNS OF CYANOSIS WHICH WILL INDICATE A PERFUSION PROBLEM	"NO SIGNS OF GENERALISED CYANOSIS"	PATIENT WILL APPEAR A TING OF BLUE (MORE PROMINENT IN LIGHTER COMPLEXIONS)
PATIENT'S BUILD	IN LUNG CANCER, THE PATIENT WILL APPEAR CACHEXIC WHICH IS A VERY ANOREXIC "SKIN ON BONES" APPEARANCE DUE TO THE TUMOUR'S EFFECT ON THE BODY AND LACK OF APPETITE DURING CHEMO/RADIATION THERAPY	"PATIENT IS OF GOOD BUILD"	
MEDICAL GADGETS	COMMENT ON WHETHER THERE ARE ANY MEDICAL GADGETS ATTACHED TO THE PATIENT	"NO MEDICAL GADGETS ARE ATTACHED"	MENTION IF THERE ARE ANY ECG LEADS, IV CANNULAS OR NASAL CANNULAS (FOR O ₂)
BACK			
INSPECTION:			
SANITIZE HANDS	PLACE BOTH HANDS ON PATIENTS ARM AND ASK "ARE MY HANDS TOO COLD" THESE ARE VERY GOOD EMPATHY POINTS THAT SHOW YOU CARE ABOUT THE PATIENT		
SPINE DEFORMITIES	MALFORMATION IN THE SPINE CAN REDUCE LUNG EXPANSION AND THEREFORE REDUCED TOTAL LUNG CAPACITY SCOLIOSIS – SIDWAYS CURVE OF SPINE KYPHOSIS – EXCESSIVE FORWARD CURVATURE OF UPPER SPINE	OBSERVE THE PATIENTS BACK AND PAY CAREFUL ATTENTION TO THE SPINOUS PROCESSES OF THE SPINE. "NO SPINE DEFORMITIES LIKE SCOLIOSIS AND KYPHOSIS"	

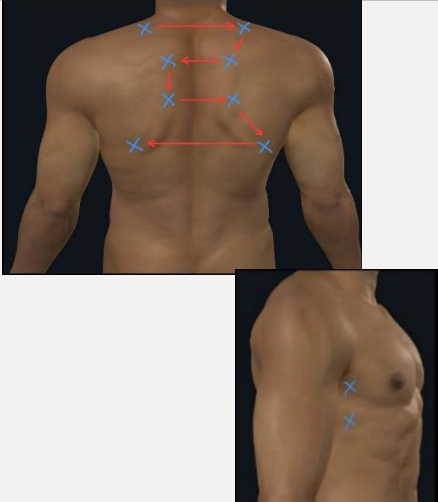
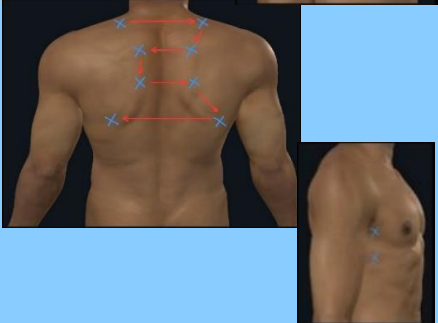
STEP	EXPLANATION	HOW TO COMMENT	EXTRA/BONUS
OBSERVE THE BACK	OBSERVE THE BACK FOR VENOUS DISTENSIONS, VISIBLE PULSATIONS OR SCARS . IF SCAR IS OBSERVED ASK PATIENT WHAT IT IS FOR: MARK ON MIDDLE AXILLARY OF CHEST COULD BE DUE TO A PREVIOUS INSERTION OF CHEST TUBE DURING THORACENTESIS	LOOK AROUND THE CHEST AREA COMPLETELY: LIFTING THE ARMS TO EXPOSE THE PITS. "NO SCARS, NO DISTENDED VEINS, NO VISIBLE PULSATIONS"	

PALPATION

CHEST EXPANSION	A SINGULAR LUNG LOBE CAN COLLAPSE DURING UNILATERAL LOBAR PNEUMONIA OR PNEUMOTHORAX OR PLEURAL EFFUSION RIGHT LUNG – 3 LOBES LEFT LUNG – 2 LOBES DUE TO THE RIGHT LUNG HAVING 3 LOBES, THE EXAMINATION IS CONDUCTED 3 TIMES.	ASK PATIENT TO BREATHE OUT AND EMPTY THEIR LUNG, PLACE YOUR HANDS OVER THE SHOULDER WITH YOUR THUMBS TOUCHING EACH OTHER. ASK PATIENT TO BREATHE IN AND OBSERVE IF THUMBS MOVE APART SYMMETRICAL*. REPEAT FOR 2 MORE LOCATIONS "DURING CHEST EXPANSION MY FINGERS MOVED APART SYMMETRICALLY IN ALL 3 REGIONS"	 *SOME BOOKS MAY SAY CHECK TO SEE IF FINGERS MOVE APART ATLEAST 5CM, BUT IT RARELY DOES
------------------------	--	--	---

PERCUSSION

PERCUSSING THE LUNGS USUALLY GIVES A RESONANT 'HOLLOW' SOUND AS YOUR LUNGS ARE USUALLY FILLED WITH ONLY AIR . HOWEVER, IN INSTANCES WHERE THE PLEURAL SPACE/LUNGS ARE FILLED WITH FLUID LIKE IN PNEUMONIA (CONSOLIDATE) OR PLEURAL EFFUSION OR MASSES CAN GROW IN THE CASE OF LUNG MALIGNANCIES , THE SOUNDS WILL BE DULL .	ASK PATIENT TO HUG THEMSELVES OR A PILLOW . THIS ENSURES THE SCAPULA IS MOVED OUT OF THE WAY AND WILL ALLOW YOU TO PERCUSS THE LUNGS. PLACE YOUR MIDDLE FINGER OF THE NON-DOMINANT HAND ON THE SPOTS INDICATED IN THE DIAGRAM, USING YOUR MIDDLE FINGER OF THE DOMINANT HAND, TAP THE NON-DOM FINGER AS HARD AS YOU CAN USING A WHIPPING MOTION OF YOUR WRIST. ENSURE TO COMPARE BOTH SIDES AND MOVE IN A ZIG ZAG PATTERN TO SAVE TIME. MAKE SURE YOU GET A GOOD SEAL WITH THE NON DOM FINGER TO GET THE BEST PERCUSSION ENSURE TO PERCUSS THE SUPRACLAVICULAR SPACE AND/OR CLAVICLE TO SET A BASE TONE FOR THE LUNG. THEN DO 4 SPOTS ON THE BACK . FINALLY, THE LATERAL ASPECTS, 1 ABOVE AND 1 BELOW THE NIPPLE (2 BELOW ALSO FINE) TOTAL 14 SPOTS "RESONANCE WAS HEARD EQUALLY IN ALL REGIONS"		FOR LATERAL, COMPARE WITH THE OTHER SIDE BEFORE MOVING DOWN
---	---	--	---

STEP	EXPLANATION	HOW TO COMMENT	EXTRA/BONUS
AUSCULTATIONS			
BREATH SOUNDS	<p>VESICULAR BREATHING IS ONE OF 3 SOUNDS HEARD. IT'S A SOFT LOW PITCH SOUND HEARD THROUGHOUT THE LUNG ESPECIALLY DURING INHALATION. PATHOLOGIES CAN LEAD TO ABNORMAL SOUNDS LIKE CREPITATIONS (PULMONARY OEDEMA) AND RHONCHI (COPD) CAN BE HEARD</p>	<p>WHILST PATIENT IS STILL HUGGING THEMSELVES OR A PILLOW. PLACE THE STETH ON THE POSTIONS AS PER THE DIAGRAM AND INSTRUCT THE PATIENT TO BREATHE IN AND OUT FOR EACH TIME YOU DO PLACE. ENSURE THE BELL OF STETH IS PLACED IN SUPRACLAVICLAR AREA (TOP SPOT) "VESICULAR BREATH SOUNDS WERE HEARD EQUALLY IN ALL REGIONS AND THERE WERE NO ADDED SOUNDS LIKE RHONCHI AND UPON OSCULTATION OF THE BASE NO CREPITATIONS WERE HEARD"</p>	
VOCAL RESONANCE	<p>WITH THE SAME CONCEPT AS PERCUSSION, WE ARE LOOKING FOR ANY DULL SOUNDS IN THE LUNG/PLEURAL SPACE. THIS TIME WE ARE USING THE PATIENTS VOICE INSTEAD OF TAPPING TO CHECK FOR RESONANCE.</p>	<p>WHILST PATIENT IS STILL HUGGING THEMSELVES OR A PILLOW. PLACE THE STETH ON THE POSTIONS AS PER THE DIAGRAM (SAME AS FOR BREATH SOUNDS) AND INSTRUCT THE PATIENT TO SAY "99" FOR EACH TIME THE STETH IS PLACED. "RESONANCE WAS HEARD EQUALLY IN ALL REGIONS"</p>	
OUTRO			
EXPLAIN THAT THE EXAMINATION IS OVER AND THAT ALL FINDINGS WILL BE REPORTED		"THAT WILL CONCLUDE OUR EXAMINATION, I WILL REPORT ALL OF MY FINDINGS TO MY SENIOR CONSULTANT"	
ICE		"DO YOU HAVE ANY QUESTIONS OR CONCERNS FOR ME"	
THANK THE PATIENT AND THE FACILITATOR AND WASH YOUR HANDS ONCE MORE BEFORE LEAVING			

MY NOTES: