

Respiratory system examination

Ensure adequate exposure

Ideally patient be sitting at the edge of the bed

General examination

Clubbing

Cyanosis

Inspection

Note the respiratory rate

Check for symmetry of chest movements and use of accessory muscles

Note any deformity and shape of chest (barrel shaped in COPD)

Palpation

Ask about tenderness or soreness

Confirm that the trachea is central

Place hands on the posterior aspect of the chest with thumbs touching each other in the midline and ask the patient to inhale deeply. This will confirm symmetry of movements.

Vocal fremitus is checked by placing the ball of the hand on the back of the chest and the patient is asked to say 999. Move hand from apices to interscapular region to the pulmonary bases. Check on both sides.

Percussion

Percussion note is also checked on both left and right sides. Compare one side to the other looking for symmetry. Start from the back again and percuss the apices, interscapular region and the lung bases. Percuss laterally in the mid axillary line. Check percussion note on the anterior aspect again comparing one side to the other.

Auscultation

Auscultate apices, interscapular region, bases posteriorly and the mid axillary region chest comparing one side with the other. Anteriorly auscultate bilaterally superior lobes, right middle lobe and left lingular division of the superior lobe.