PHYSICAL EXAMINATION NOTES

Physical Examination Week 1check list

1. Introduction.

1) Introduce yourself.

2) Ask for **permission** from the patient.

3) Ensure the **privacy** of the environment.

4) Check the environment **temperature** and **light** : make sure it's warm and well-lit.

5) Make sure you have the necessary equipments.

6) Chaperone (I'll ask for a chaperone).

7) Stand on right-side of the patient.

8) Hand hygiene and washing.

9) Warm up your hands.

10) Ensure proper position & exposure of the patient.

11) Explain the procedure to the patient.

Inspection, palpation, percussion, auscultation (in general, they are applied for each system). Explain what you see on the patient (report your findings to the examiner)

2. In general

1) Rapid assessment of how unwell the patient is. (ill or comfortable) .
2) Assess if the patient in distress (higher respiratory rate).
3) Level of consciousness, alert, orientation to (time, place, person) : to assess orientation ask the patient if they know how they are, if they know where they are, if they know what time of day it is or what year are we in (report your findings: the patient is conscious, alert and oriented to self, place and time).
4) Notice patient clothes: inappropriate to weather or loose.
5) Notice if the patient uses any medical devices . (Drains, insulin pump, inhaler, ventilator, wheelchair...).
6) Mention if the patient has any medical identity bracelet, tattoos or piercings.
7) Sings from recent or previous deliberate self-harm or signs of self-neglect.

3. Assessment of vital signs:

1) Pulsation (heart rate).
2) Blood pressure.
3) Respiratory rate.
4) O2 saturation.
5) Temperature.
6) Pain score.

4. Gait & posture&stature

1) Pain or weakness.
2) Immobile.
3) Tremors.
4) Dystonia.
5) Chorea.

Report: The patient gait, posture and stature appear normal

5. Facial expressions & speech

1) eye contact.
2) Poverty or agitated of expression.
3) Slurring of speech.
4) Hoarseness.
5) Speech cadence.

Report: the patient's speech is normal and the tone is appropriate – the patient's facial expressions are normal no agitation or apathy.

6. Hands

1) Dorsal and palmar sides.
   Observe
2) color (cyanosis or pigment) .
   No peripheral cyanosis, no jaundice or carotenemia no discoloration or pigmentation.
3) scars, swelling, deformities, fingers number and length.
   No deformities or lesions or swelling.
4) Skin changes: coarse, tight, callus.
   Palpate
5) Check for muscle wasting.
6) Palpate for tenderness.
7) Feel: temperature by (dorsal - dorsal hand).
8) Check the palm of both hands to asses if they are dry or sweaty.
   Hands are symmetrically warm and dry, no muscle wasting or tenderness.

7. Nails

1. Change in color.
2. Grooves or lines.
3. Fin or coarse pitting.
4. Nail & nail bed attachment: attached or separated.
5. Nail fold & nail plate
   Nails appear normal and attached to nail bed, No discoloration, no koilonychia, no leuconychia, no pitting, no splinter hemorrhages.
6. Clubbing :

-from the side assess Interphalangeal depth ratio (normally less than one).
-from the side assess nail fold angle (normal is160) (abnormal is more than 190).
-Schamroth's window (present or absent) by ring finger .
-nail bed fluctuation .
Normal interphalangeal depth ratio, shamroth's window is present, normal nail fold angle less than 160, no increased nail bed fluctuation.

8. Skin - face

1) Pigmentation.
2) Symmetry.
3) Scars.
4) Rash.
5) Swelling .
6) No Loss of hair or eyebrows hair.
7) Examine the eye :
   A. Jaundice – yellow eye: pull the upper eyelid and ask the patient to look downwards.
   B. Pallor - conjunctival : pull the lower eyelid and ask the patient to look upwards.

Face appears normal and symmetrical, no jaundice or pallor or redness , no lesions or rash no swelling or loss of hair.

9. Mouth

1) Ask the patient to open his mouth.
2) Notice lip color (for peripheral cyanosis).
3) Ulcers in the mouth.
4) Oral hygiene.
5) Ask the patient to get the tongue out:
   Notice the size, color, deformities, wasting, motor function, and watch for the smooth appearance of iron deficiency anemia.
6) Ask the patient to raise his tongue upward:
   Central cyanosis.
   No peripheral or central cyanosis, no ulcers, tongue looks normal no deformities or enlargement no wasting or fluctuation or masses or abnormal smoothness.
7) angular stomatitis, ulcers around the mouth.

10. The patient body

1) Height.
2) Weight.
3) BMI : weight / height^2
4) BMI is underweight, normal, overweight, obese, morbidly obese احفظوهم
5) Tall or short stature:
   patient height, the parents or relatives height.
6) Oedema & site & localized or generalized.

7) Weird odors: ketones, uraemic fetor, foul-smelling, fetor hepaticus.
   No need to re comment on stature if you did with gate and position, comment that you'll measure hight and weight to determine BMI, comment that there's no abnormal odors.

11. Lumps (SPACE SPIT). التزموا ترتيب الخطوات هو هيك من الكتاب

1) Inspect the lump for any changes in color or texture.
   Report what you see.
2) Define the site and the shape of the lump.
   Regular/irregular.
3) Measure Size, preferably using calipers and record the finding diagrammatically.
   Report what you measure .
4) Gently palpate for tenderness or change in skin tempreture.
   Warmer or not (inflammation).
5) Feel the lump for few seconds to determine if it's pulsatile.
   Pulsatile or not.
6) Assess the Consistency, surface texture and margins of the lump.
7) Try to pick up a fold of skin to assess whether the lump is fixed to skin.
   Fixed/not fixed.
8) Try to move the lump in different planes relative to the surrounding tissues to see if it is fixed to deeper structures.
   Fixed/not fixed.
9) Compress the lump on one side; see and feel if a bulge occurs on the opposite side (fluctuation). Confirm the fluctuation in two planes.
   Fluctuant/not fluctuant.
10) Transillumination: turn the light off, use a torch light towards the lump, the lump will light up if its contain fluid.
    Translucent/ not translucent.

اذا بتفحص بس lump أو lymph node لازم ترجع تعيد نقاط الgeneral كلهم

12. Lymph nodes

1) Permission .
2) Hygiene and warm up your hands.
3) Ask If the patient feels pain in certain area.
4) Expose the neck and axilla.
5) Observe for lesions, visible lymph nodes or masses, scars or extended jugular veins.
   Comment : no scars, lesions, rash, discoloration, no visible lymph nodes or lymphadenopathy or masses no extended veins.
6) Explain the examination
7) Keep eye contact
8) Stand behind the patient ask them to tell you if they felt pain and examine the following nodes, bilaterally one side at the time, and try to compare between the left and right nodes in a circular move: by (index and middle fingers):

sub mental, sub mandible, tonsillar, pre-auricular , anterior deep cervical (superior, middle, inferior), supraclavicular lymph nodes

Scalene lymph nodes :
by one finger (index) and ask the patient to tilt their head to the same side and press firmly down towards the first rib, tell them it will feel painful (شوي رح توجعك):
Report : no palpable lymph nodes no tenderness, no masses

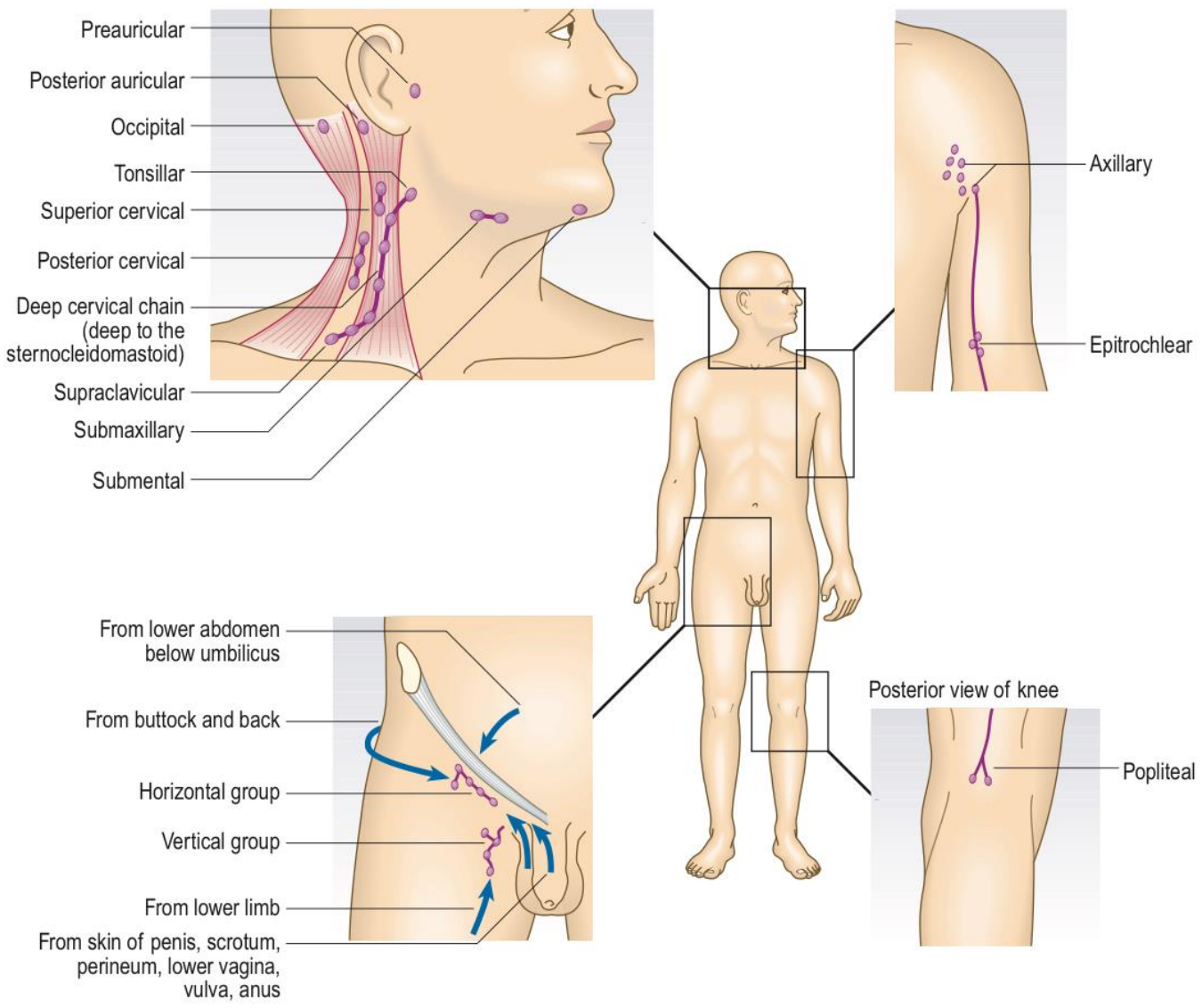
9) Stand in front of the patient and examine the following with two fingers:
Posterior auricular, occipital, posterior deep cervical
comment : no palpitations, no tenderness, no masses.

13. Axillary lymph nodes:

1) Inspect the hand and axilla the same way you did the nick
2) Permission, exposure, explanation, ask if they feel any sort of pain
3) Set beside the patient
4) Support the right hand with your right hand, their left hand with your left hand
5) Examine by three fingers of the other hand to explore the axilla :
Apical, medial, lateral , anterior, posterior) .
Comment: no enlargement, no tenderness

14. Epitrochlear lymph nodes

Now support the patient's right wrist with your left hand (mirror image for the other hand)
And examine with your left hand thumb the Epitrochlear lymph node
Comment: no enlargement, no tenderness, no palpable lymph nodes



Always Thank the patient when you’re done
Don’t forget to comment on everything you do
And wash/alcohol rub your hands before and after every patient.

Done by :
Toqa Abu Shanab & Eman Amjad

#lejan_aldofaat