Respiratory Examination Checklist

Instructions: *Italicized information indicates what the student should be verbalizing.*

Students are expected to document findings in a systematic way. For example, the patient is sitting comfortably with no increased work of breathing noted, rate and rhythm are regular but shallow at 24 bpm. Skin is pink, no cyanosis noted. No wheezing or tracheal deviation noted, no accessory muscle use or intercostal retractions noted.

In infants and children you would also comment on nasal flaring and tracheal tug.

The documentation of palpation, percussion, and auscultation would follow.

	Performed	Verbalized
Washes hands FIRST and dons appropriate personal protective equipment.	**Y / N**	
Introduces self to patient using first and last name, including role.		**Y / N**
General appearance *(Stand in front of the patient and observe. Expose the chest..)*		
Evidence of respiratory distress		
Observe patient position, rate, rhythm, depth, and work of breathing	**Y / N**	**Y/N**
Assess patient's color, looking for cyanosis	**Y / N**	**Y/N**
Listen to patient's breathing for audible wheezing	**Y / N**	**Y/N**
Note any tracheal deviation *Look at neck from front of patient, then place finger alongside trachea and note space between it and the sternocleidomastoid muscle; compare to other side*	**Y / N**	**Y/N**
Look for use of accessory muscles *Look at neck and supraclavicular area.*	**Y / N**	**Y/N**
Note any retraction of the interspaces during inspiration *Check lower interspaces anteriorly and posteriorly.*	**Y / N**	**Y/N**
Inspection *(Be sure to get adequate exposure in order to examine the chest.)*		
Inspect thorax	**Y / N**	
Note any deformities or asymmetry *Inspect in anterior and posterior chest*	**Y / N**	**Y/N**
Compare anteroposterior diameter with lateral diameter *Observe first from anterior perspective, then look lateral.*	**Y / N**	**Y/N**
Assess for asymmetric or impaired respiratory movement *Walk around the patient and observe chest wall.*	**Y / N**	**Y/N**
Palpation		
Palpate thorax anteriorly and posteriorly	**Y / N**	
Note areas of reported pain or areas where lesions or bruises are evident *Use one or both hands, depending upon history.*	**Y/N**	**Y/N**

SASKATCHEWAN POLYTECHNIC

Test for chest expansion *Place hands on costal margin with thumbs pointed toward each other with a small fold of skin in between. Have the patient take a deep breath, then check for symmetry of expansion. Can be performed anteriorly or posteriorly.*	**Y/N**	**Y/N**
Perform tactile fremitus *Ask the patient to say ninety-nine as you move your hands.* *Anterior: Using a ball of hand or ulnar side of hand, feel with both hands at the same time. Start at apex and move down to level of xyphoid, at midclavicular line, stopping at just above breast and starting under breast. Posterior: Ask patient to cross arms in front. Start at apex and move along the medial scapular border to the level of the 10th rib, then move laterally on each side*	**Y/N**	**Y/N**
Percussion		
Percuss both sides of chest at each level		
Assess posterior, lateral, anterior chest using proper locations and sequence *Posterior: Ask patient to cross arms in front. Start at apex and move along medial scapular border to level of 10th rib, then move laterally (midaxillary line) on each side.* *Anterior: Using a ladder pattern, percuss both sides starting supraclavicular, moving down to level of xyphoid along midclavicular line, skipping the breast. Performing percussion supine will help displace breasts laterally.*	**Y / N**	**Y/N**
Demonstrate proper technique *Middle finger is hyperextended, and distal interphalangeal (DIP) joint is pressed on skin surface. Middle finger of striking hand strikes DIP joint with a brisk motion.*	**Y / N**	
Percuss for diaphragmatic excursion: posterior chest only *Percuss first during quiet respiration to establish approximate level of diaphragm. During full expiration, percuss from level of resonance (below scapula) to level of dullness along midclavicular line. Repeat during full inspiration and measure difference. Repeat on the other side.*	**Y / N**	
Auscultation		
Auscultate anterior and posterior chest	**Y/N**	
Listen to breath sounds using the diaphragm of the stethoscope. Ask patient take deep breaths through open mouth.	**Y/N**	
Listen for the pitch, intensity, and duration of expiratory and inspiratory sounds	**Y/N**	**Y/N**
Identify any adventitious sounds such as crackles (rales), rhonchi, or wheezing		**Y/N**
Perform post tussive auscultation, if indicated *Anterior: Auscultate comparing sides in a "ladder pattern" starting at apex and moving down to level of xyphoid along midclavicular line, skipping the breast. Performing auscultation supine will help displace breasts laterally.* *Posterior: Ask patient to cross arms in front. Start at apex and move along*	**Y/N**	**Y/N**

medial scapular border to level of 10th rib, then move laterally (midaxillary line). Listen in two areas at and above the xyphoid level on each side.		
Perform voice transmission tests to further assess suspected consolidation: bronchophony, egophony, and whispered pectoriloquy *Using the same auscultatory steps, listen for changes as patient says, "Scooby doo" (bronchophony) or any change from "ee" sound to "ay" sound (egophony) or a clearer whispered voice (whispered pectoriloquy).*	**Y/N**	**Y/N**

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