RESPIRATORY SYSTEM EXAMINATION

Examination of upper respiratory tract.

① Nose

Duration of nasal septum
Colour of nasal mucosa
Discharge
Obstruction, congestion
Polyps.

② Paranasal sinus.

Inspection : For erythema & swelling over sinus
Palpation : Frontal, maxillary & ethmoid sinus for tenderness

③ Oral cavity.

Oral hygiene - carries in teeth
Tonsils.
Posterior pharyngeal wall.
Postnasal dripping

Examination of Chest.

Inspection

1. Shape of chest :

Dropping of shoulders & hollowing : volume loss.
Prominence : Pleural effusion, pneumothorax.
Kyphoscoliosis : long standing volume loss of lung.
retraction

2. Position of trachea

Trail sign : trachea deviated to side where sternocleidomastoid is prominent

3. Position of apex beat

4. Respiratory movement.

Equal or diminished in the upper or lower part of chest anteriorly or posteriorly.

5 Respiratory rate.

6. Type of breathing.

Abdominothoracic (male)
Thoracoabdominal (Female)

7. Dilated veins, pulsations visible, scars, sinuses or edema of the chest wall.

Palpation.

1. Position of trachea

The examiners index finger placed on sternoclavicular joint serves a reference point Palpate tracheal rings from above downwards with the middle finger

Eq look for tracheal shift. Invaginate third fingers between the trachea and sternomastoid compare 2 sides

2. Apex beat.

Located by palpating with the palm of the hand first then ulnar border of palm & finally with index finger. Lomment on intercostal space, number, distance from midclavicular line.

3. Movements during respiration.

(a) Examination of upper posterior part of chest. Patient sitting & examiners stands behind & places both hands over patients shoulders with extended thumbs held vertically & parallel to each other. Compare the upward movement during respiration.

(b) Examination of Lower posterior part of chest. Examiner should queeps the chest from behind with 2 hands. Bring the tip of the outstretched thumbs together in the region of the 10th thoracic spine ensuring that there is a loose folel of skin between the 2 thumbs. Compare the lateral movement during inspiration.

ⓒ Examination of upper anterior part of chest -

Examiner place both the hands in the infra-clavicular space with thumbs placed horizontally near the midline.

ⓓ Examination of lower anterior part of chest.

Examiner place hands symmetrically on each side of the chest such that the thumbs meet each other horizontally in the midline.

4. Chest Expansion

→ at level of nipples.
→ Using an inch tape measure the total expension.
→ Ask the patient to expire fully & then a deep inspiration & measure the expension.

5. Vocal fremitus.

Ask the patient to say 'one'.

Place the ulnar border of the hand horizontally in the intercostal space. Palpate simultaneously for variations of the sound by comparing the 2 sides. Palpate anterior & posterior aspect.

Increased ⟶ Consolidation.
Decreased ⟶ Effusion - & pneumothorax.

Percussion.

→ Anterior chest wall, back & axilla.

→ Interpretation of results

* Tympanic note : drum like note, elicited normally over stomach
* Hyperresonance : in pneumothorax.
* Resonance : Normal
* Impaired resonance : Fibrosis
* Dull : consolidation.
* Stony dull : Pleural effusion, empyema.

Auscultation.

Areas

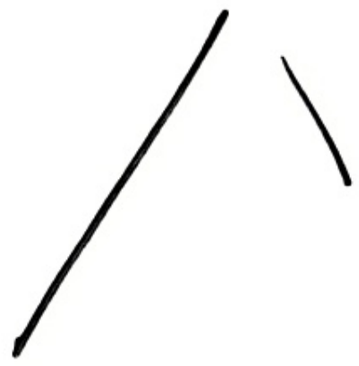
- Supraclavicular
- Infraclavicular
- Axillary
- Infra axillary
- Interscapular
- Suprascapular
- Interscapular
- Mammary

1. Breath sounds.

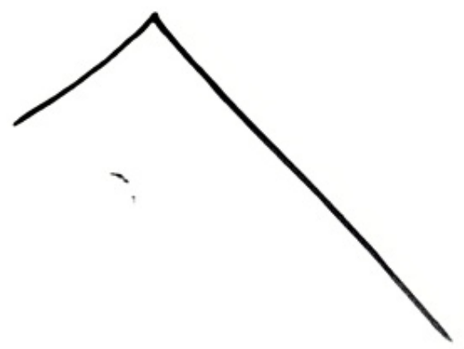
Intensity - Normal & equal bilaterally
- diminished
- Absent.

Type of breath sound

Vesicular



Bronchial.



Bronchio vesicular

2. Adventhious Sounds - Rhonchi & crepitations (crackles)

3. Vocal Resonance.

Child is auscultated while saying one-one Or the nerne, or if crying, in the same order of auscultation and both sides compared. the intensity will be decreased in airway obstructions, collapse, pleural effusion or pneumothorax.

Increased over the area of consolidation, cavity, infarction & collapse consolidation.