Podcast 3a.

Respiratory Examination

PODCAST No. 3 a
INTRODUCTIONS:
FEEDBACK: Welcome to this series of podcasts aiming at bringing education to clinical officers in their location. This is a trial of educational podcasts so please let us give us feedback both positive and negative. Also let us know if there are any future topics you'd like included.
TIP: Use the specialists we have available: we have a specialised Respiratory Consultant for more complicated respiratory questions
TOPIC: Respiratory Examination part 1
DISCUSSION: This is what we can glean from looking alone. Part b is hands on examination.

General inspection

Age:

- Young patients – *more likely asthma or cystic fibrosis (CF)*
- Older patients – *more likely COPD/interstitial lung disease (ILD)/malignancy*

Treatments or adjuncts inhalers (asthma, COPD) /tissues (COPD, bronchiectasis)

Does patient look short of breath? – tripod position / nasal flaring / pursed lips / use of accessory muscles / intercostal muscle recession

Is the patient able to speak in full sentences?

Cyanosis – bluish/purple discolouration – *(<85% oxygen saturation)*

Cachexia – very thin patient with muscle wasting *(malignancy, COPD)*

Cough:

- Productive (bronchiectasis / COPD if older / CF if younger)
- Dry (asthma if younger / ILD if older)

Wheeze (expiratory) – asthma / COPD / bronchiectasis

Stridor (inspiratory) – upper airway obstruction

Hands

Inspect the hands:

- Tar staining on fingers (or nicotine patches on body)- smoker – *increased risk of COPD / lung cancer*
- Clubbing – lung cancer / interstitial lung disease / bronchiectasis
- Peripheral cyanosis **–** bluish discolouration of nails – *O2 saturations <85%*

- Features of rheumatological disease (e.g. joint swelling/tenderness) – rheumatological diseases (e.g. rheumatoid arthritis) can associated with pleural effusions and pulmonary fibrosis
- Skin changes – bruising and thinning of the skin are associated with long term steroid use (ILD / asthma / COPD)

Palpate pulse – rate and rhythm *(increase with salbutamol use, infection)*

Assess respiratory rate – normal adult range = 12-20 breaths per minute

Head and neck

Conjunctival pallor – ask patient to lower an eyelid to allow inspection – *anaemia is associated with pallor*

Horner's syndrome – ptosis / constricted pupil *(miosis) /*anhidrosis on affected side / enophthalmos

Central cyanosis – bluish discolouration of the lips / inferior aspect of tongue

Close inspection of thorax

Scars:

- Small mid-axillary scars *(e.g. chest drains)*
- Horizontal postero-lateral scars (thoracotomy from e.g. lobectomy/pneumonectomy)
- Other surgical scars-give a clue. Eg mastectomy could be breast ca metastasis

Skin changes – may indicate recent or previous radiotherapy – *erythema / thickened skin*

Asymmetry – major surgery:

- Pneumonectomy (usually for cancer)
- Thoracoplasty (rib removed / previously used to treat tuberculosis)

Deformities – barrel chest *(COPD)* / Pectus excavatum, funnel chest-sunken sternum. Can be associated with connective tissue disorders. If severe can cause breathing problems. Pes carinatum Pigeon chest. Associated with asthma, scoliosis, mitral valve prolapse

Please listen to the next podcast which will complete the resp examination. Meanwhile quest. Feedback, get in touch via forum.

GOODBYES: