

**PULMONARY TEACHING EXAMINATION**  
**Teaching Checklist 2008**

	<b>Need to Practice</b>	<b>Feel Comfortable</b>
<p><b>General Inspection:</b>            With patient sitting and facing you, assess:                Rate: (breaths per minute)                Rhythm: (regular, Kussmaul, Cheyne-Stokes, splinting, agonal, apneic)                Effort: (Ability to speak in full sentences, accessory muscle use, posture)                Cyanosis                Clubbing.</p>		
<p><b>Posterior Chest Exam:</b>            Move to back of patient, and undrape back.</p> <p>1. <u>Inspect for:</u></p> <ul style="list-style-type: none"> <li>a. Symmetry (Muscular and skeletal)</li> <li>b. Size (AP diameter)</li> <li>c. Shape (Spinal deformities: scoliosis, kyphosis, lordosis)</li> <li>d. Scars</li> </ul>		
<p>2. <u>Palpation:</u></p> <ul style="list-style-type: none"> <li>a. Assess extent and symmetry of lower thoracic expansion.</li> <li>b. With palms of hands, assess symmetry of fremitus throughout lung fields.</li> </ul>		
<p>3. <u>Percussion:</u></p> <ul style="list-style-type: none"> <li>a. Symmetrically percuss lung fields, comparing right and left chest walls. (See your syllabus and physical diagnosis text for percussion techniques.)</li> <li>b. Identify diaphragms on right and left sides, and assess bilateral diaphragmatic excursion.</li> </ul>		
<p>4. <u>Auscultation:</u></p> <ul style="list-style-type: none"> <li>a. Ask patient to breath quietly and deeply through an open mouth.</li> <li>b. Using diaphragm of stethoscope, symmetrically assess posterior lung fields by listening and comparing each side for at least one full breath (inspiration and expiration) at each location</li> </ul>		

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<p>4. <u>Auscultation – continued:</u></p> <ul style="list-style-type: none"> <li>c. Use a forced expiration in both mid or lower lung fields to try and elicit wheezing, and to determine if there is a prolongation of the expiratory phase. (No breath sounds after four seconds is normal)</li> <li>d. Continue auscultation in both axillae to assess the right middle lobe and the lingual.</li> <li>e. Demonstrate egophony and whispered pectoriloquy.</li> </ul>		
<p><b>Anterior Chest Inspection</b></p> <p>1. <u>Inspect:</u></p> <p><b>For women:</b> Taking care to maintain patient privacy, inspect: the upper chest from above. (Ask the patient to lower her gown to just above her breasts.) The lower chest may be inspected by asking the patient to raise her gown, while keeping her breasts covered.</p> <p><b>For men:</b> Ask the patient to lower his gown to waist level.</p>		
<ul style="list-style-type: none"> <li>a. Symmetry</li> <li>b. Shape - Pectus</li> <li>c. Tracheal deviation</li> <li>d. Strap muscle use</li> <li>e. Accessory muscle use</li> <li>f. Retractions</li> <li>g. Chest and abdomen should move symmetrically. (Paradoxical movement suggests diaphragmatic fatigue.)</li> </ul>		
<p>2. <u>Palpation:</u> With palms of hands, assess symmetry of fremitus throughout lung fields</p>		
<p>3. <u>No percussion</u></p>		
<p>4. <u>Auscultation:</u> Listen to upper lobes (anteriorly), and compare each side for at least one full breath (inspiration and expiration) at each location.</p>		