

## Physical Assessment (Clinical) Respiratory System Assessment

Student's Name: \_\_\_\_\_

ID # : \_\_\_\_\_

Date : \_\_\_\_\_

| No        | Procedure Steps  | Yes | No | Comments |
|-----------|--|-----|----|----------|
| <b>A</b>  | <b>History Taking :</b>  |     |    |          |
|           | a) Current Symptoms  |     |    |          |
|           | b) Past History  |     |    |          |
|           | c) Family History  |     |    |          |
|           | d) Lifestyle and Health Practices  |     |    |          |
| <b>B</b>  | <b>Preparation</b>   |     |    |          |
|           | a) Gather equipment ( stethoscope, measurement tape, pen)  |     |    |          |
|           | b) Provide comfortable environment   |     |    |          |
|           | c) Explain procedure to client.  |     |    |          |
|           | d) Wash Hands  |     |    |          |
|           | e) Provide privacy   |     |    |          |
| <b>C.</b> | <b>Procedure</b>   |     |    |          |
| <b>1.</b> | <b>Survey of the Thorax and respiration</b>  |     |    |          |
|           | a. observe the rate, rhythm, depth and effort of breathing   |     |    |          |
|           | b. Check the patient's color for cyanosis and the shape of the fingertips for clubbing and color.  |     |    |          |
|           | c. Inspect the neck for supraclavicular retraction, and for contraction of the sternomastoid or other accessory muscles during inspiration. And position of the trachea  |     |    |          |
|           | d. Listen to the patient's breathing.  |     |    |          |
|           | e. observe the shape of the chest.   |     |    |          |
| <b>2.</b> | <b>Examination of the posterior chest</b>  |     |    |          |
|           | <b>Inspection</b>  |     |    |          |
|           | a) Ask the patient to sit down with the arms folded across the chest with the hands resting on the opposite shoulders.   |     |    |          |
|           | b) From a midline position behind the patient note the shape of the chest and the way in which it moves including : <ul style="list-style-type: none"> <li>a. deformities or asymmetry.</li> <li>b. Abnormal retractions of the interspaces during inspiration ( lower interspaces, supraclavicular retractions.)</li> <li>c. Impairment in respiratory movement on one or both sides ( Unilateral lag)</li> </ul> |     |    |          |
|           | <b>Palpation</b>   |     |    |          |
|           | a) Identify <b>tender areas</b> by palpating any area where pain has been reported or where lesions are evident.   |     |    |          |
|           | b) Assess any observed abnormality such as masses  |     |    |          |
|           | c) Test <b>Respiratory Expansion</b> by: <ol style="list-style-type: none"> <li>1. placing the thumbs about the level of and parallel to the 10<sup>th</sup> ribs and the hands Grasping the lateral rib cage, sliding them medially a bit in order to raise loose skin folds between thumbs and the spine</li> </ol>  |     |    |          |

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| 2. ask the patient to inhale deeply and watch for the |  |  |  |
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**Physical Assessment (Clinical)  
Respiratory System Assessment**

| No | Procedure Steps   | Yes | No | Comments |
|----|---|-----|----|----------|
|    | divergence of the thumbs during inspiration, feeling for the range & symmetry of the respiratory movements.   |     |    |          |
|    | d) Feel for <b>tactile fremitus</b> ( palpable vibrations)<br>1. using either the ball of the or the ulnar surface of the hand.   |     |    |          |
|    | 2. Use both hands to compare sides  |     |    |          |
|    | 3. Ask the patient to repeat the words “ninety-nine” or “one, one, one.” If fremitus is faint ask the patient to speak more loudly.   |     |    |          |
|    | 4. palpate and compare symmetrical areas of the lungs.  |     |    |          |
|    | <b>Percussion</b>   |     |    |          |
|    | a) Percuss the posterior chest while the patient keeps both arms crossed in front of the chest.   |     |    |          |
|    | b) press the distal interphalangeal joint of the middle finger ( pleximeter) firmly on the surfaces to be percussed avoiding surface contact by any other part of the hand.                           |     |    |          |
|    | c) with the middle finger of the other hand slightly flexed and relaxed strike over the pleximeter with a quick sharp but relaxed writ motion, using the tip of the flexor finger not the finger pad. |     |    |          |
|    | d) Percuss the thorax in symmetrical locations from the apices to the lung bases. twice in each location, compare two areas   |     |    |          |
|    | d. when percussing the lower posterior chest, stand somewhat to the side rather than directly behind the patient.   |     |    |          |
|    | Identify the <b>level of diaphragmatic dullness</b> ( during quiet respiration)   |     |    |          |
|    | a. with the pleximeter finger held above and parallel to the expected level of the dullness, Percuss in progressive steps downward until dullness clearly replaces resonance.                         |     |    |          |
|    | b. Check the level of this change near the middle of the hemithorax and also more laterally putting a point by a pen on each level.   |     |    |          |
|    | <b>Diaphragmatic excursion</b>  |     |    |          |
|    | a. Ask the client to exhale fully then hold .   |     |    |          |
|    | b. Percuss for diaphragmatic dullness as above and put a point.   |     |    |          |
|    | c. Ask the client to take a deep breath and hold  |     |    |          |
|    | d. Again percuss for diaphragmatic dullness and put a point   |     |    |          |
|    | e. measure the distance between the two points (5-6cm)  |     |    |          |
|    | <b>Auscultation</b>   |     |    |          |
|    | a. Listen to <b>the breath sound</b> with the diaphragm of the stethoscope after instructing the patient to breathe deeply through an open mouth.   |     |    |          |
|    | 1. Listen for <b>Bronchovesicular</b> sounds between  |     |    |          |

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|----------|--|--|--|
| Scapulae |  |  |  |
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**Physical Assessment (Clinical)  
Respiratory System Assessment**

| No        | Procedure Steps  | Yes | No | Comments |
|-----------|--|-----|----|----------|
|           | 2. Listen for the <b>Vesicular</b> sounds over the lungs   |     |    |          |
|           | 3. Listen for any added sounds   |     |    |          |
|           | b. If breath sounds heard located abnormally assess for <b>transmitted voice sounds</b>  |     |    |          |
|           | 1. Ask the patient to say " ninety-nine" normally transmitted sound are muffled and indistinct .   |     |    |          |
|           | 2. Ask the patient to say "ee" normally a muffled long E sound is heard.   |     |    |          |
|           | 3. Ask the patient to whisper "ninety-nine" or "one, two, three" . it will be heard faintly and indistinctly if heard at all.  |     |    |          |
| <b>3.</b> | <b>Examination of the Anterior chest</b>   |     |    |          |
|           | <b>Inspection</b>  |     |    |          |
|           | Ask the patient to lie down into a supine position with the arms abducted . if the patient has difficulty in breathing, he/she should be examined in the sitting position or with the head of the bed elevated at comfortable level.                         |     |    |          |
|           | Note the shape of the chest and the way in which it moves including :<br>a. deformities or asymmetry.<br>b. Abnormal retractions of the lower interspaces during inspiration<br>c. Impairment in respiratory movement on one or both sides ( Unilateral lag) |     |    |          |
| <b>b.</b> | <b>Palpation</b>   |     |    |          |
|           | a) Identify <b>tender areas</b> by palpating any area where pain has been reported or where lesions are evident.   |     |    |          |
|           | b) Assess any <b>observed abnormality</b> such as masses   |     |    |          |
|           | c) Test <b>Respiratory Expansion</b> by:<br>1. placing the thumbs along each costal margins with the hands along the lateral rib cage. As positioning the hands slide them medially a bit in order to raise loose skin folds between thumbs.                 |     |    |          |
|           | 2. ask the patient to inhale deeply and watch for the divergence of the thumbs during inspiration, feeling for the range & symmetry of the respiratory movements.  |     |    |          |
|           | d) Feel for <b>tactile fremitus</b> ( palpable vibrations)<br>1. using either the ball or the ulnar surface of the hand. Fremitus is decreased or absent over the pericardium.   |     |    |          |
|           | 2. Use both hands to compare sides   |     |    |          |
|           | 3. Ask the patient to repeat the words "ninety-nine" or " one, one, one." If fremitus is faint ask the patient to speak more loudly.   |     |    |          |
|           | 4. palpate and compare symmetrical areas of the lungs.   |     |    |          |
| <b>c.</b> | <b>Percussion</b>  |     |    |          |
|           | a) Percuss the anterior and lateral chest while the patient keeps both arms abducted. press the distal   |     |    |          |

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|--|---|--|--|--|
|  | interphalangeal joint of the middle finger ( pleximeter)<br>firmly on the surfaces to be percussed avoiding |  |  |  |
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**Physical Assessment (Clinical)  
Respiratory System Assessment**

| No       | Procedure Steps   | Yes | No | Comments |
|----------|---|-----|----|----------|
|          | surface contact by any other part of the hand   |     |    |          |
|          | b. with the middle finger of the other hand slightly flexed and relaxed strike over the pleximeter with a quick sharp but relaxed wrist motion, using the tip of the flexor finger not the finger pad.                                      |     |    |          |
|          | c. Percuss the thorax in symmetrical locations from the apices to the lung bases. twice in each location, compare two areas. In a woman to enhance percussion gently displace the breast with the left hand while percussing with the right |     |    |          |
|          | d. when percussing the left chest, dullness will be heard at the level of the heart 3 <sup>rd</sup> to 5 <sup>th</sup> ICS, percussion of the left lung will be lateral to it.  |     |    |          |
|          | Percuss for <b>liver dullness</b> with the pleximeter finger above and parallel to the expected upper border of the liver dullness, in progressive steps from resonance downward to the dullness in the right midclavicular line .          |     |    |          |
|          | <b>Auscultation</b>   |     |    |          |
|          | a. Listen to the <b>breath sound</b> with the diaphragm of the stethoscope after instructing the patient to breathe deeply through an open mouth.   |     |    |          |
|          | Listen for <b>tracheal</b> sounds at the suprasternal notch   |     |    |          |
|          | Listen for <b>bronchial</b> sounds over the manubrium   |     |    |          |
|          | Listen for <b>bronchovesicular</b> sounds at the 1 <sup>st</sup> and 2 <sup>nd</sup> interspaces.   |     |    |          |
|          | Listen for the <b>Vesicular</b> sounds over the lungs   |     |    |          |
|          | Listen for any <b>added sounds</b> .  |     |    |          |
|          | b. If breath sounds heard located abnormally assess for transmitted voice sounds  |     |    |          |
| <b>D</b> | <b>Procedure Termination</b>  |     |    |          |
|          | a) Put client in comfortable position according to health status  |     |    |          |
|          | b) Provide patient with reassurance   |     |    |          |
|          | c) Return back equipments   |     |    |          |
|          | d) Wash hands   |     |    |          |
|          | e) Document findings  |     |    |          |

## Physical Assessment (Clinical) Cardiovascular Assessment

Student's Name: \_\_\_\_\_

ID # : \_\_\_\_\_

Date : \_\_\_\_\_

| No        | Procedure Steps   | Yes | No | Comments |
|-----------|---|-----|----|----------|
| <b>A</b>  | <b>History Taking :</b>   |     |    |          |
|           | a) Current Symptoms   |     |    |          |
|           | b) Past History   |     |    |          |
|           | c) Family History   |     |    |          |
|           | d) Lifestyle and Health Practices   |     |    |          |
| <b>B</b>  | <b>Preparation</b>  |     |    |          |
|           | a) Gather equipment ( stethoscope, ruler)   |     |    |          |
|           | b) Provide comfortable environment  |     |    |          |
|           | c) Explain procedure to client.   |     |    |          |
|           | d) Wash hands   |     |    |          |
|           | e) provide privacy  |     |    |          |
| <b>C</b>  | <b>Procedure</b>  |     |    |          |
| <b>1.</b> | <b>Examine The Jugular Venous Pressure(JVP)</b>   |     |    |          |
|           | a. Position the patient with the head slightly elevated on a pillow and the sternomastoid muscle relaxed, and identify the external jugular vein.   |     |    |          |
|           | b. Start with the head of the bed elevated about 30° then adjust the angle so as to maximize visibility of the jugular venous pulsations in the lower half of the neck  |     |    |          |
|           | c. Turn the patient's head slightly away from the side of inspection.   |     |    |          |
|           | d. Identify the external jugular vein on each side. Then find pulsation of the internal jugular vein between the attachments of the sternomastoid muscle on the sternum and clavicle (posterior to the sternomastoid) |     |    |          |
|           | e. Identify the highest point of pulsation in the internal jugular vein, with a centimeter ruler, measure the vertical distance between this point and the sternal angle.   |     |    |          |
| <b>2.</b> | <b>Examine the Carotid pulse.</b>   |     |    |          |
|           | a. Inspect neck for pulsation medial to the sternomastoid muscle  |     |    |          |
|           | b. Press inside the medial border of a well relaxed sternomastoid muscle at the level of the cricoid cartilage by the left thumb or the index and middle fingers on the right carotid artery (opposite for the left)  |     |    |          |
| <b>3.</b> | <b>The heart</b>  |     |    |          |
|           | <b>Inspection:</b>  |     |    |          |
|           | While on the client right side, Inspect appropriate points (aortic, pulmonic, 3rd left inter-space, tricuspid and mitral) on the anterior chest for any pulsation.  |     |    |          |
|           | Instruct the patient to move on the left lateral decubitus area to inspect for the apical impulse.  |     |    |          |
|           | palpate same points (aortic, pulmonic, 3rd left inter-space, tricuspid and mitral) using finger pads on the anterior chest for any pulsation, using ball of the hand for the thrills.                                 |     |    |          |

**Physical Assessment (Clinical)  
Cardiovascular Assessment**

| No       | Procedure Steps  | Yes | No | Comments |
|----------|--|-----|----|----------|
|          | <b>Palpation</b>   |     |    |          |
|          | <b>a. Palpate for the apical impulse</b> , if unable to detect it ask the client to exhale fully and stop breathing for few seconds. evaluate its location, diameter, amplitude. Note its location with respect to the mid-sternal line, mid-clavicular line, and anterior axillary line.  |     |    |          |
|          | <b>b. Palpate the left sternal border</b> (3 <sup>rd</sup> , 4 <sup>th</sup> and 5 <sup>th</sup> ICS)<br>1. patient supine at 30°<br>2. place the tips of fingers in the 3 <sup>rd</sup> , 4 <sup>th</sup> , and 5 <sup>th</sup> ICS trying to feel impulse. If unable to detect it ask the client to exhale fully and stop breathing for few seconds.   |     |    |          |
|          | <b>c. The epigastric area.</b> press the index finger just under the rib cage and up toward the left shoulder trying to feel right ventricular pulsation.  |     |    |          |
|          | <b>d. The left and right 2<sup>nd</sup> Interspaces .</b> (Pulmonary and aortic arteries)<br>During held expiration feel for impulse.  |     |    |          |
|          | <b>Percussion</b>  |     |    |          |
|          | Starting to the left on the chest Percuss from resonance toward cardiac dullness in the 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> and the 6 <sup>th</sup> interspaces.   |     |    |          |
|          | <b>Auscultation</b>  |     |    |          |
|          | Listen for the first and second heart sounds (S <sub>1</sub> and S <sub>2</sub> ) at each auscultatory area (aortic, pulmonic, 3 <sup>rd</sup> L interspace, tricuspid and mitral) using the <b>diaphragm</b> of the stethoscope for <b>S<sub>1</sub> &amp; S<sub>2</sub></b> and the <b>bell</b> for <b>S<sub>3</sub> &amp; S<sub>4</sub></b> or any added sounds.<br>a. with the patient <b>supine</b><br>b. then on the <b>left decubitus position</b><br>c. with the patient <b>sitting up, leaning forward</b> ask the patient to exhale completely and stop breathing.<br>Note the intensity and splitting of S <sub>1</sub> and S <sub>2</sub> .<br>Listen for extra heart sounds (e.g., S <sub>3</sub> or S <sub>4</sub> ).<br>Listen for any systolic and/or diastolic murmurs. |     |    |          |
| <b>D</b> | <b>Procedure Termination</b>   |     |    |          |
|          | a) Put client in comfortable position according to health status   |     |    |          |
|          | b) Provide patient with reassurance  |     |    |          |
|          | c) Return back equipments  |     |    |          |
|          | d) Wash hands  |     |    |          |
|          | e) Documents Findings  |     |    |          |

**Physical Assessment (Clinical)  
Peripheral Vascular Assessment**

Student's Name: \_\_\_\_\_

ID # : \_\_\_\_\_

Date : \_\_\_\_\_

| No        | Procedure Steps  | Yes | No | Comments |
|-----------|--|-----|----|----------|
| <b>A</b>  | <b>History Taking :</b>  |     |    |          |
|           | a) Current Symptoms  |     |    |          |
|           | b) Past History  |     |    |          |
|           | c) Family History  |     |    |          |
|           | d) Lifestyle and Health Practices  |     |    |          |
| <b>B</b>  | <b>Preparation</b>   |     |    |          |
|           | a) Gather equipment ( clean gloves, measurement tape, tourniquet, light)   |     |    |          |
|           | b) Provide comfortable environment   |     |    |          |
|           | c) Explain procedure to client.  |     |    |          |
|           | d) Provide privacy   |     |    |          |
|           | e) Wash hands  |     |    |          |
| <b>C</b>  | <b>Procedure</b>   |     |    |          |
| <b>1.</b> | <b>The upper limbs</b>   |     |    |          |
|           | a) Inspect both arms from fingertips to shoulders noting :<br>1. Their size and symmetry, and any swelling.<br>2. The venous pattern<br>3. The color of the skin and nail beds and the texture of the skin   |     |    |          |
|           | a) Palpate the radial pulse with the pads of fingers, partially flexing the patient's wrist, comparing pulses bilaterally.   |     |    |          |
|           | b) If arterial insufficiency suspected, feel for brachial pulse by flexing the patient's elbow slightly and palpating the artery just medial to the biceps tendon at the antecubital crease or higher in the arm groove between the biceps and triceps muscles.  |     |    |          |
|           | <b>Evaluating the arterial supply to the hand (Allen test)</b>   |     |    |          |
|           | a) Ask the patient to make a fist with one hand.   |     |    |          |
|           | b) Compress both radial and ulnar arteries firmly between thumbs and fingers.  |     |    |          |
|           | c) Ask the patient to open the hand into a relaxed, slightly flexed position when the palm is pale.  |     |    |          |
|           | d) Release pressure over the ulnar artery , if patent the palm flushes within 3-5 seconds.   |     |    |          |
|           | e) Patency of the radial artery tested by releasing the radial artery while still compressing the ulnar.   |     |    |          |
|           | <b>Lymph Nodes</b>   |     |    |          |
|           | Feel for the epitrochlear nodes with the patient's elbow flexed to 90° and the forearm supported by the examiner's hand reaching around behind the arm and feel in the groove between the biceps and triceps muscles, about 3cm above the medial epicondyle. If present note size, consistency and tenderness. |     |    |          |

| No | Procedure Steps   | Yes | No | Comments |
|----|---|-----|----|----------|
| 2. | <b>The Lower Limbs</b>  |     |    |          |
|    | a) The patient should be lying down and draped so that the external genitalia are covered and the legs are fully exposed.   |     |    |          |
|    | b) Inspect both legs from the groin and buttocks to the feet. Note their: <ul style="list-style-type: none"> <li>a. size and symmetry.</li> <li>b. color and texture of the skin, and the color of the nail beds.</li> <li>c. venous pattern or edema, and the hair distribution on the lower legs, feet and toes.</li> <li>d. Note any pigmentation, rashes, scars, and ulcers.</li> </ul> |     |    |          |
|    | c) Palpate the <b>superficial inguinal nodes</b> , including both the <b>horizontal</b> and the <b>vertical</b> groups.   |     |    |          |
|    | d) Palpate <b>the femoral pulse</b> by pressing deeply below the inguinal ligament and about midway between the anterior superior iliac spine and the symphysis pubis.  |     |    |          |
|    | e) To palpate <b>the popliteal pulse</b> ask the patient to flex the knee slightly.   |     |    |          |
|    | f) Place the fingertips of both hands so that they just meet in the midline behind the knee and press them deeply into the popliteal fossa.   |     |    |          |
|    | g) If not palpated, with the patient in prone position flex the patient's knee to about 90°.  |     |    |          |
|    | h) let the lower leg relax on the examiner's shoulder or upper arm and press by the two thumbs deeply into the popliteal fossa.   |     |    |          |
|    | i) Feel the dorsum of the foot lateral to the extensor tendon of the great tendon to palpate the <b>dorsalis pedis pulse</b>  |     |    |          |
|    | j) Curve fingers behind and slightly below the medial malleolus of the ankle to palpate <b>the posterior tibialis pulse</b> .   |     |    |          |
|    | k) Note the <b>temperature</b> of the feet and legs with the backs of fingers. Compare one side with the other.   |     |    |          |
|    | l) Check for pitting edema by pressing firmly and gently with the thumb for 5 seconds over the dorsum of the foot, behind each medial malleolus and over the shins.   |     |    |          |
|    | m) if suspected edema, with flexible measurement tape, comparing one side with the other, measure: <ol style="list-style-type: none"> <li>1. the forefoot.</li> <li>2. the smallest possible circumference above the ankle.</li> <li>3. the largest circumference at the calf</li> <li>4. the mid-thigh a measured distance above the patella.</li> </ol>                                   |     |    |          |
|    | n) Ask the patient to stand and inspect the saphenous system for <b>varicosities</b> .  |     |    |          |
|    | o) Palpate the groin just medial to the femoral pulse for tenderness of femoral vein  |     |    |          |
|    | p) With the patient's leg flexed at the knee and  |     |    |          |



|           |   |            |           |                 |
|-----------|---|------------|-----------|-----------------|
|           | relaxed, palpate the calf with the finger pads compressing the calf muscle against the tibia  |            |           |                 |
| <b>No</b> | <b>Procedure Steps</b>  | <b>Yes</b> | <b>No</b> | <b>Comments</b> |
|           | <b>Mapping varicose vein :</b><br>With the patient standing place the palpating fingers gently on the vein with the other hand below it compress the vein sharply.  |            |           |                 |
|           | Retrograde filling ( Trendelenburg ) test ( Competency of venous valves)  |            |           |                 |
|           | a. start with the patient supine , elevate one leg to about 90° to empty it of venous blood   |            |           |                 |
|           | b. occlude the great saphenous vein in the upper thigh by manual compression, to occlude this vein not the deep veins   |            |           |                 |
|           | c. ask the patient to stand, while keeping the vein occluded, watch for venous filling in the leg within 35sec  |            |           |                 |
|           | d. after the patient has stood 20 sec, release the compression and look for any sudden additional venous filling.   |            |           |                 |
|           | Postural color changes of chronic arterial insufficiency  |            |           |                 |
|           | If pain or diminished pulses suggest arterial insufficiency look for postural color changes by: raising both legs to about 60° until maximal pallor of the feet develops (within a minute)  |            |           |                 |
|           | Then ask the client to sit up with the legs dangling down, comparing both feet noting time required for: <ol style="list-style-type: none"> <li>1. Return of pinkness of the skin (10sec or less)</li> <li>2. filling of the veins of the feet and ankles about ( 15sec)</li> <li>3. any unusual rubor to replace pallor of the dependent foot (1minute)</li> </ol> |            |           |                 |
| <b>D</b>  | <b>Procedure Termination</b>  |            |           |                 |
|           | a) Put client in comfortable position according to health status  |            |           |                 |
|           | b) Provide patient with reassurance   |            |           |                 |
|           | c) Return back equipments   |            |           |                 |
|           | d) Wash hands   |            |           |                 |
|           | e) Document findings  |            |           |                 |