* respiratory examination:- [Mecleod's video].

*

1. general inspection → domenur
   - Body mass
   - chest deformity - scars
   - confused or distress pt.

2. environment inspection → O2 inhaler support..
   [equipent]..

3. measure the resp. rate.. + observe the resp. rhythm.
   if there abnormality [stridor - short breath ...etc]..

4. exam the hands
   - tobacco staininy
   - peripheral cyanosis
   - finger clubbing [lung malignancy - fibrosis - chronic infection]
   - pain full swelling of the wrist and ankle..
   - check for tremor in the hand.. if there is flapping tremor → CO2 retention + severe ventilatory failure

* 4 reason of finger clubbing:-
1. ↑ nail bed fluctuation..
2. ↑ bulk of soft tissue over the terminal phalanges..
3. ↑ nail curvature in late stage
4. hyper trophic ponme knee osteo-arthritis

5. exam the neck → for accessory muscle use & JVP
6. " " toung - lips - mouth → for central cyanosis..
7. " " trachea
   - to detect lat. shift of trachea → place the tip of your Rt index finger in the supra sternal notch. [normally 3-4 finger] deep breath.
   - feel the tracheal tug → found in hyper inflation → deep breath

symmetry or not. chest expansion تمدد الصدر

* percuss to hear the ptich and loudness ┌ of perkis node. + feel post percuss vibration.
└ of lung (Both) → resonace

* Auscaltation → نطلب منه ياخذ deep breath ويطلعه to Auscultate → lf + Rt sides ونقارن بينهم
↓
listen ant. above the clavicle down to the 6th rib and laterally from the axilla to the 8th rid.

↳ Bell of stethescope

↳ to detect :- quality and amplitude of the breath sound + identify any gap between insp. and exp. + listen for added sounds...

* Broncho Breathing :- high pitched breath sound + hallow or blowing quality similar to the haired over the trachea during the tidal breathing.

found in ① normal lung tissue.. replaced by uniformly conducting tissue.
② pnemonia [palm leakin solid] at the top of pleural effusion.. and dense fibrosis..

← بكل مرة نحط السماعة ع صدر المريض نطلب منه يحكي 111 ...

* مثلاً normal lung → the low pitched componant of speech haired
↳ and high " " are attenuated...

* مثلاً consolidated lung. [pneumonia] → numbers are clearly audible over an effusion or area of klanns will be muffled...

* whispering not heard over normal lung.. but heard in consolidation. [transmitted sound produing whispering pectoral ecquis]..

* exam the neck and chest from behind...

خليه يقعد وينزل رجليه مع عمر تخت + خليه ينظر لقدام وراسه مستقيم لمن نفحص ال neck → cervical lymph. adenopathy.. [Anatomically ┌→ Anterior :- submental _ submandibular
└ upper - middle - lower cervical lymph nodes..

⊕ palpate the post. triangle. along the border of trapezius muscle. + supra clavicular fossa.

(+) post arucular node felt behind the ear and scalene node above the first rib..

← خليه يثني رقبته لليمين ⇐ to relax the sterokledio mastoid allow to palpate behind the clavicle
ودكتر صحح للحال ←

[بنحط ال index of fingers مابين ال clavicle وال sternocleomastoid muscle]..
وبنعمل press down gently. to first rib...

* Inspect the chest from the back:- deformities of spine or chest wall or thoracotomy scars..

← بنقيس ال chest expansion وكله بالنظر بنحط ال finger ع طول ال ribs أما ال thumb حتى يجي track the motion..

← خليه يكتر ايده ع صدره حتى نعمل percussion
↳ (1) superior part of post. chest wall
→ from resonant to dull...

[don't percuss mid line]
↙ Ant.
trachea فارغة
heart
dull صلب
↘ post
solid فارغة
thoracic spine +
para vertebral Muscle.

* Pnemothorax → hyper resonant..
* consolidated lung - solid organ → dull...
* pleural effusion [fluid] → very dull. [stony dull]

* Back Auscaltation:-
- Compare lf with Rt...
- listen to good number position to ensure don't miss localized abnormality.
- listen to added sound → crackles - wheeze - rubs
  - crackles ↓ non musical sound. [Bronchioles, alveoli. disease]
    - may due to bubbling in larger airways secretions...
  - wheeze ↳ musical [airway narrowing in COPD / asthma]

* wheeze → louder in expiration.. [loudness not usefull in severity determine]
  → inspiratory wheeze → severe airway narrowing..
* most sever bronchospasm → chest silent...

← بنصير نطلب منه بكل مرة نحط السماعة يحكي !!!..

* pleural friction rub → creaking sound similar to the bending stiff leather or treading in fresh snow..
  produced when parietal + visceral pleural layers move
  └ best heard by the diaphragm of stethoscope...
    └ in deep breathing - end of inspiration + begining of expiration.

* Rub normally associated with pleuritic pain [heard over area of inflamed pleura / pulmonary ..[pneumonia / vasculitis / infarction]

* pleural friction rub disapear when an effusion separates the plural surfaces..

* lastely → exam the leg for edema - sign of DVT - erythema nodosum...

Done ☑