Respiratory Exam

Date: _____ dd / mm / yyyy **Patient's Name:** _____

Birthday and Age: _____ **Phone Number:** _____

E-mail: _____ **Examiner's Name:** _____

Does the patient have any mentoring equipment around them? Are they currently undergoing treatment? Are there any other observed paraphernalia?

◯ Yes ◯ No

Please elaborate:

HANDS

Tick the box if the patient has any of the following:

- ☐ Cyanosis
- ☐ Cigarette/Tar Stains
- ☐ Finger Clubbing
- ☐ Tremor
- ☐ CO2 Retention Flap (Asterixis/Flapping Tremor)
- ☐ Palmar Erythema

Others:

Notes:

RATES

Heart Rate:

◯ Normal ◯ Abnormal

Notes:

Respiratory Rate:

◯ Normal ◯ Abnormal

Notes:

Temperature:

◯ Normal ◯ Abnormal

Notes:

JVP:

◯ Normal ◯ Abnormal

Notes:

FACE, EYES, AND MOUTH

Tick the box if the patient has any of the following:

- ☐ Plethora
- ☐ Horner's Syndrome
- ☐ Pallor
- ☐ Central Cyanosis
- ☐ Poor Dentition
- ☐ Oral Candidiasis

Other:

Notes:

CHEST AND TRACHEA

Tick the box if the patient has any of the following:

- ☐ Skin changes caused by radiotherapy
- ☐ Chest Wall Deformities
- ☐ Abnormal Breathing Pattern

Scars (Location: _____

Others:

Notes:

Tick the box if the patient has any of the following:

- [ ] Tracheal Deviation
- [ ] Abnormal Cricosternal Distance

Notes:

Tick the box if the patient has any of the following:

- [ ] Displaced Apex Beat
- [ ] Reduced Chest Expansion
- [ ] Abnormal Percussion Note
- [ ] Dull
- [ ] Hyper resonance

Abnormal Tactile Vocal Fremitus

- ◯ Increased
- ◯ Decreased

Abnormal Vocal Resonance

- ◯ Increased
- ◯ Decreased

Notes:

Breath Sound Quality Notes:

Breath Sound Volume Notes:

Are there any added sounds when the patient breathes?

- ◯ Yes
- ◯ No

If yes, what are they?

Does the patient have a thoracotomy scar?

◯ Yes ◯ No

Does the patient have any spinal deformities?

◯ Yes ◯ No

Additional Findings on the Chest:

LYMPH NODES

Notes:

OTHERS

Is there evidence of sacral and pedal edema?

◯ Yes ◯ No

Are there signs of deep vein thrombosis?

◯ Yes ◯ No

Is there evidence of erythema nodosum?

◯ Yes ◯ No

Notes:

SUMMARY OF FINDINGS:

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Suggested Further Examinations:

- [ ] O2 Saturation
- [ ] Sputum Sample
- [ ] Peak Flow Assessment
- [ ] Arterial Blood Gas
- [ ] Chest X-ray
- [ ] Cardiovascular Examination

Others: