

General Approach to the Physical Examination

Year 1	Year 2	Core Clinical/Year 3+
<p><u>Do</u></p> <ul style="list-style-type: none"> • Wash your hands before entering room and consider the hygiene of examination instruments • The examination is typically done from head to toe but some variations can be acceptable for the hospitalized patient • For efficiency try to minimize movements for the patient and you • Ensure ideal conditions with adequate lighting, quiet environment, proper equipment at bedside: BP cuff, watch, penlight, oto-ophthalmoscope, Snellen card, tongue blades, stethoscope, measuring tape, reflex hammer, lubricating jelly, examination gloves, safety pin, cotton, tuning forks (512 Hz and 128Hz) • During Auscultation always apply the stethoscope to bare skin and DO NOT listen through clothing • Ensure patient modesty by providing privacy, using gown and sheet to allow exposure only to areas needed to perform a proper examination. • Ensure patient comfort by assisting with changing positions as needed, helping to replace socks or other items (eg. blankets), warming stethoscope, and asking if there is anything to make the person more comfortable • Make note of patient's general appearance: do they appear their age, are they in distress? 	<p><u>Know</u></p> <ul style="list-style-type: none"> • Typical order of examination: Vital Signs (may be taken from nursing records in hospital) General Appearance Head/Eyes/Ears/Nose/Throat (HEENT) Neck/Thyroid/Lymph Breast/Axilla Cardiovascular Chest Abdomen Men- Genital and Rectal (may be left until the end) Women- Pelvic and Rectal (may be left until the end) Musculoskeletal Neurologic 	<p><u>Know</u></p> <ul style="list-style-type: none"> • The components of a focused examination based on the history presented by the patient. • Alternative ways to examine patients in the hospitalized setting: -Examination of the neck and thyroid anteriorly -Auscultation of the lungs in the lateral decubitus position in patients unable to sit upright