

General appearance, vital signs and skin

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| Appearance | Carefully observe your patient's general appearance |
| Skin | Perform an integrated skin exam as you perform the complete exam |
| Vital signs | Measure the pulse. Palpate the radial pulse at the wrist. Count the beats for 15 seconds and multiply by 4. |
| | Blood pressure: <ul style="list-style-type: none"> Align the middle of the bladder with the brachial artery proximal to the antecubital fossa Wrap the cuff snugly around the patient's upper arm with its lower edge 2-3 cm above the antecubital fossa. Measure blood pressure by auscultation using the bell of the stethoscope |
| | Respiratory rate: Count the respirations for 30 seconds and multiply by two |
| HEENT | |
| General Impression | Inspect the size and shape of the head and the scalp |
| | Inspect for symmetry, masses, and signs of trauma |
| | Inspect the skin as you perform the HEENT exam |
| | Note any difficulty with breathing or speech |
| Eyes | Measure visual acuity with a pocket size near-vision test card at the designated distance at eye level |
| | <i>In patients with visual or focal neurological concerns, assess visual fields</i> |
| | Inspect the eyelids, lashes, bulbar & palpebral conjunctiva, sclera, cornea, anterior chamber, and iris |
| | Assess pupils: describe their size, shape, and reactivity to light (direct and consensual) |
| | With ophthalmoscope: perform direct ophthalmoscopy, assessing the red reflex, optic cup & disc, retinal blood vessels, retinal background, and macula* |
| Ears | Inspect the external ear and mastoid |
| | With the otoscope, examine the external auditory canals (EAC), tympanic membranes (TMs), and any middle ear structures visualized through the TMs* |
| | Assess hearing one ear at a time with light finger rubbing |
| | <i>If hearing is abnormal, perform the Weber and Rinne Tests</i> |
| Nose | Examine the external nose, nares, septum, and nasal cavities, including inferior turbinates* |
| | <i>If you suspect sinusitis, palpate the paranasal sinuses in the following areas for tenderness: above the eyes (frontal), over the malar eminences (maxillary)</i> |
| Oral Cavity | Inspect the lips, buccal mucosa, tongue, floor of mouth, palate, palatine tonsils, and posterior pharyngeal wall |
| | Inspect the teeth and gums for caries and periodontal disease |

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| | <i>In patients with risk factors for oral cancer or symptoms of oral infection, salivary duct stone, or malignancy, palpate the submandibular glands, salivary ducts, and base of tongue</i> |
| | Palpate parotid glands |
| | Palpate temporomandibular joints (TMJ) |
| Neck | Inspect the neck for symmetry, masses and enlargement of the thyroid gland. |
| | Palpate the neck, including the lymph nodes (anterior cervical, posterior cervical, and supraclavicular) |
| | Palpate the thyroid gland |
| Chest | |
| Inspection | Observe respiratory effort and note any signs of respiratory distress |
| | Inspect the skin as you perform the chest exam |
| Palpation | Assess symmetry of respiratory excursion |
| | Assess tactile fremitus |
| Percussion | Percuss the chest posteriorly, comparing the right and left side from the apices to the interscapular areas to the bases and diaphragms |
| | Percuss the spine and the costovertebral angles, observing for focal tenderness |
| Auscultation | Auscultate the chest using the diaphragm of the stethoscope placed firmly on bare skin, comparing left to right at each level: <ul style="list-style-type: none"> ○ Posteriorly, from the apex to the interscapular area to the base ○ Laterally, in the midaxillary line ○ Anteriorly, over the upper lobes |
| Cardiovascular | |
| Inspection | Inspect jugular venous pulsations and measure jugular venous pressure |
| | Inspect the precordium for abnormal pulsations |
| | Inspect the anterior chest and neck for skin lesions as you perform the exam |
| Palpation | Palpate the apical impulse and note its location. If you cannot feel the apical impulse, palpate again in the partial left lateral decubitus position. |
| | Palpate the left lower sternal border for a right ventricular lift |
| | Palpate the carotid arteries, one at a time, observing strength & symmetry of pulses |
| Auscultation | Listen at each location with the diaphragm of the stethoscope: <ul style="list-style-type: none"> ○ Right upper sternal border (R 2nd intercostal space) ○ Left upper sternal border (L 2nd intercostal space) |

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| | <ul style="list-style-type: none"> ○ Left lower sternal border (along the sternum at the 4th-5th intercostal space) ○ Cardiac apex (midclavicular line in the 5th intercostal space) |
| | Listen with the bell at the cardiac apex, for S3, S4, and the murmur of mitral stenosis. <i>If you suspect any of these, listen again in the partial left lateral decubitus position.</i> |
| | Listen for bruits and radiation of murmurs over each carotid artery |
| Peripheral Circulation | <p>Palpate each of the following pulses on each side:</p> <ul style="list-style-type: none"> ○ radial ○ femoral ○ dorsalis pedis ○ posterior tibialis |
| Edema | Note the presence and severity of leg edema |
| Orthostatic vital signs | <i>In patients with suspected intravascular volume depletion or dizziness, measure the blood pressure and pulse supine and repeat after 3 minutes of standing.</i> |
| Abdomen | |
| Inspection | Observe the patient for increased discomfort with movement. |
| | Inspect the abdominal contour, observing for distention or masses. |
| | Inspect the skin as you examine the abdomen, noting scars and skin lesions |
| Auscultation | Listen in one place with the diaphragm of the stethoscope until you hear bowel sounds |
| | <i>If you suspect renovascular hypertension, listen for bruits in the epigastrium and upper quadrants</i> |
| Percussion & Palpation | Percuss in all four quadrants |
| | Palpate all 4 quadrants for tenderness or masses |
| | Percuss the upper and lower liver margins in the R mid-clavicular line |
| | Palpate the lower liver edge |
| | Palpate for an enlarged spleen |
| | Palpate for inguinal adenopathy |
| | <i>If you suspect ascites, test for a fluid wave</i> |
| | <i>If you suspect ascites, test for shifting dullness</i> |
| <i>In patients at risk for aortic aneurysm, palpate the abdominal aorta</i> | |
| Neurologic | |
| Mental Status | Observe the level of consciousness |
| | Observe speech and language |
| | Assess orientation to person, place, and time |
| | Assess short term memory |

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| Cranial Nerves | If not done in the HEENT exam, test visual acuity & visual fields for each eye (CN II) |
| | If not done in the HEENT exam, test pupillary reaction (CN II and III) |
| | Test eyelid opening (CN III) |
| | Test extra-ocular movements (CN III, IV, VI), observing for nystagmus (CN VIII) |
| | Test facial sensation & muscles of mastication (CN V) |
| | Test muscles of facial expression (CN VII) |
| | If not done in the HEENT exam, test hearing (CN VIII) |
| | Test palatal rise to phonation (CN IX and X) |
| | Test sternocleidomastoid & upper trapezius muscle strength (CN XI) |
| | Test tongue symmetry and protrusion (CN XII) |
| Motor Function | <p>Assess bulk, tone, and strength:</p> <p>Upper extremity muscle groups: Shoulder abductors, arm flexors & extensors, wrist flexors & extensors, finger abductors, finger flexors</p> <p>Lower extremity muscle groups: Hip flexors, abductors & adductors; knee flexors & extensors, foot dorsiflexors & plantar flexors</p> <p>Test for pronator drift</p> |
| Reflexes | Upper extremity: biceps, triceps, & brachioradialis |
| | Lower extremity: patellar & Achilles |
| | Test the plantar reflex |
| Sensation | Perform the Romberg test |
| | <i>In patients with neurologic concerns, assess sensation with at least two modalities, including pin prick and either vibration, joint position sense, or light touch</i> |
| Cerebellar Testing | Perform the finger-to-nose test on both sides |
| | Perform the heel-shin test on both sides |
| | Assess gait |

*This portion of the exam may be deferred until after Immersion. Check with your FCM faculty at your site for details.