



# OSCE Checklist: Lymphoreticular Examination

Introduction		
1	Wash your hands and don PPE if appropriate	
2	Introduce yourself to the patient including your name and role	
3	Confirm the patient's name and date of birth	
4	Briefly explain what the examination will involve using patient-friendly language	
5	Explain the need for a chaperone	
6	Gain consent to proceed with the examination	
7	Adjust the head of the bed to a 45° angle	
8	Adequately expose the patient for the assessment	
9	Ask if the patient has any pain before proceeding	
General inspection		
10	Inspect for clinical signs suggestive of underlying pathology (e.g. bleeding, bruising, pallor, cachexia)	
11	Look for objects or equipment on or around the patient that may provide useful insights into their medical history and current clinical status	
Cervical lymph nodes		
12	Position the patient sitting upright and examine from behind if possible. Ask the patient to tilt their chin slightly downwards to relax the muscles of the neck and aid palpation of lymph nodes. You should also ask them to relax their hands in their lap.	
13	Inspect for any evidence of lymphadenopathy or irregularity of the neck	
14	Stand behind the patient and use both hands to start palpating the neck	
15	Start under the chin (submental lymph nodes), then move posteriorly palpating beneath the mandible (submandibular), turn upwards at the angle of the mandible (tonsillar and parotid lymph nodes) and feel anterior (preauricular lymph nodes) and posterior to the ears (posterior auricular lymph nodes).	
16	Follow the anterior border of the sternocleidomastoid muscle (anterior cervical chain) down to the clavicle, then palpate up behind the posterior border of the sternocleidomastoid (posterior cervical chain) to the mastoid process.	
17	Palpate over the occipital protuberance (occipital lymph nodes)	
18	Ask the patient to tilt their head (bring their ear towards their shoulder) each side in turn, and palpate behind the posterior border of the clavicle in the supraclavicular fossa (supraclavicular and infraclavicular lymph nodes).	
Axillary lymph nodes		
19	Ensure the patient is positioned lying down on the examination couch at 45°	
20	Ask if the patient has any pain in either shoulder before moving the arm	
21	Begin by inspecting each axilla for evidence of scars, masses, or skin changes	

22	When examining the right axilla, hold the patient's right forearm in your right hand and instruct them to relax it completely, allowing you to support the weight. This allows the axillary muscles to relax.	
23	Palpate the axilla including the pectoral (anterior), central (medial), subscapular (posterior), humoral (lateral), and apical groups of lymph nodes.	
24	Repeat assessment on the contralateral axilla (using your left hand to hold the patient's left forearm)	
<b>Epitrochlear lymph nodes</b>		
25	Hold the wrist of the side to be examined with your corresponding hand (i.e. right to right)	
26	Using your opposite hand, grasp behind the olecranon with your fingers. Your thumb should reach across the crease of the elbow to palpate the inner aspect of the arm just above the medial epicondyle of the humerus.	
27	Assess for the presence of lymphadenopathy which can be associated with metastatic melanoma affecting the arm or conditions causing generalised lymphadenopathy	
<b>Inguinal lymph nodes</b>		
28	Ask your patient to lower their trousers and underwear to expose the inguinal region	
29	Ask the patient to lay flat on the bed	
30	Inspect for any obvious swellings or irregularities	
31	Palpate immediately inferior to the inguinal ligament (which runs between the anterior superior iliac spine and pubic tubercle) to assess the horizontal group of superficial inguinal lymph nodes	
32	Position your fingers approximately 3cm lateral to the pubic tubercle and then palpate vertically downwards over the saphenous opening and the proximal portion of the great saphenous vein to assess the vertical group of superficial inguinal lymph nodes.	
<b>Abdomen</b>		
33	Position the patient lying flat on the bed, with their arms by their sides and legs uncrossed for abdominal inspection and subsequent palpation	
34	Inspect the patient's abdomen	
35	Palpate the patient's abdomen (light and deep palpation)	
36	Palpate the liver	
37	Palpate the spleen	
<b>To complete the examination...</b>		
38	Explain that the examination is now finished to the patient	
39	Thank the patient for their time	
40	Dispose of PPE appropriately and wash your hands	
41	Summarise your findings	
42	Suggest further assessments and investigations (e.g. full blood count, blood film, further imaging, lymph node biopsy)	