



OSCE Checklist: Respiratory 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	Gain consent to proceed with the examination	
6	Adjust the head of the bed to a 45° angle	
7	Adequately expose the patient	
8	Ask if the patient has any pain before proceeding	
General inspection		
9	Inspect for clinical signs suggestive of underlying pathology (e.g. cyanosis, shortness of breath, cough, wheeze, stridor, pallor, oedema, cachexia)	
10	Look for objects or equipment on or around the patient (e.g. oxygen delivery devices, sputum pot, walking aids, medical equipment)	
Hands		
11	Inspect the hands (colour, tar staining, finger clubbing)	
12	Assess for fine tremor	
13	Assess for asterixis	
14	Assess and compare the temperature of the hands	
15	Palpate and assess the radial pulse	
16	Assess the respiratory rate	
Jugular venous pressure (JVP)		
17	Measure the JVP with the patient positioned correctly	
18	Elicit hepatojugular reflux if appropriate	
Face		
19	Inspect for evidence of a plethoric complexion	
20	Inspect the eyes for signs relevant to the respiratory system (e.g. conjunctival pallor, ptosis, miosis, enophthalmos)	
21	Inspect the mouth for signs relevant to the respiratory system (e.g. central cyanosis)	
Inspection of the chest		
22	Inspect for scars and chest wall deformities	
Trachea and cricosternal distance		
23	Assess tracheal position	

24	Assess cricosternal distance	
Palpation of the chest		
25	Palpate the apex beat	
26	Assess chest expansion	
Percussion of the chest		
27	Percuss the chest	
28	Assess tactile vocal fremitus (not required if assessing vocal resonance instead)	
Auscultation of the chest		
29	Ask the patient to breathe deeply in and out through their mouth	
30	Auscultate all appropriate chest wall locations using the diaphragm of the stethoscope	
31	Compare each location on each side while auscultating	
32	Assess vocal resonance (not required if tactile vocal fremitus has already been assessed)	
Lymph nodes		
33	Palpate lymph nodes in all appropriate regions	
Posterior chest		
34	Position the patient with their arms folded across their chest	
35	Inspect posterior chest	
36	Assess chest expansion	
37	Percuss chest	
38	Assess tactile vocal fremitus (or vocal resonance)	
39	Auscultate the chest	
Final steps		
40	Assess for evidence of pitting sacral and pedal oedema	
41	Assess the calves for signs of deep vein thrombosis	
To complete the examination...		
42	Explain that the examination is now finished to the patient	
43	Thank the patient for their time	
44	Dispose of PPE appropriately and wash your hands	
45	Summarise your findings	
46	Suggest further assessments and investigations (e.g. oxygen saturations, vital signs, temperature, sputum sample, peak flow assessment, chest X-ray, arterial blood gas, cardiovascular examination)	