

## General appearance, vital signs and skin

<b>Appearance</b>	Carefully observe your patient's general appearance
<b>Skin</b>	Perform an integrated skin exam as you perform the complete exam
<b>Vital signs</b>	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"> <li>Align the middle of the bladder with the brachial artery proximal to the antecubital fossa</li> <li>Wrap the cuff snugly around the patient's upper arm with its lower edge 2-3 cm above the antecubital fossa.</li> <li>Measure blood pressure by auscultation using the bell of the stethoscope</li> </ul>
	Respiratory rate: Count the respirations for 30 seconds and multiply by two

## HEENT

<b>General Impression</b>	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
<b>Eyes</b>	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*
<b>Ears</b>	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>
<b>Nose</b>	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>
<b>Oral Cavity</b>	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

	<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)
<b>Neck</b>	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
<b>Chest</b>	
<b>Inspection</b>	Observe respiratory effort and note any signs of respiratory distress
	Inspect the skin as you perform the chest exam
<b>Palpation</b>	Assess symmetry of respiratory excursion
	Assess tactile fremitus
<b>Percussion</b>	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
<b>Auscultation</b>	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"> <li>○ Posteriorly, from the apex to the interscapular area to the base</li> <li>○ Laterally, in the midaxillary line</li> <li>○ Anteriorly, over the upper lobes</li> </ul>
<b>Cardiovascular</b>	
<b>Inspection</b>	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
<b>Palpation</b>	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
<b>Auscultation</b>	Listen at each location with the diaphragm of the stethoscope: <ul style="list-style-type: none"> <li>○ Right upper sternal border (R 2nd intercostal space)</li> <li>○ Left upper sternal border (L 2nd intercostal space)</li> </ul>

	<ul style="list-style-type: none"> <li>○ Left lower sternal border (along the sternum at the 4<sup>th</sup>-5<sup>th</sup> intercostal space)</li> <li>○ Cardiac apex (midclavicular line in the 5<sup>th</sup> intercostal space)</li> </ul>
	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
<b>Peripheral Circulation</b>	<p>Palpate each of the following pulses on each side:</p> <ul style="list-style-type: none"> <li>○ radial</li> <li>○ femoral</li> <li>○ dorsalis pedis</li> <li>○ posterior tibialis</li> </ul>
<b>Edema</b>	Note the presence and severity of leg edema
<b>Orthostatic vital signs</b>	<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>
<b>Abdomen</b>	
<b>Inspection</b>	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
<b>Auscultation</b>	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>
<b>Percussion &amp; Palpation</b>	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>	
<b>Neurologic</b>	
<b>Mental Status</b>	Observe the level of consciousness
	Observe speech and language
	Assess orientation to person, place, and time
	Assess short term memory

<b>Cranial Nerves</b>	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)
<b>Motor Function</b>	<p>Assess bulk, tone, and strength:</p> <p>Upper extremity muscle groups: Shoulder abductors, arm flexors &amp; extensors, wrist flexors &amp; extensors, finger abductors, finger flexors</p> <p>Lower extremity muscle groups: Hip flexors, abductors &amp; adductors; knee flexors &amp; extensors, foot dorsiflexors &amp; plantar flexors</p> <p>Test for pronator drift</p>
<b>Reflexes</b>	Upper extremity: biceps, triceps, & brachioradialis
	Lower extremity: patellar & Achilles
	Test the plantar reflex
<b>Sensation</b>	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>
<b>Cerebellar Testing</b>	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.