









Lectureno: 2 Title:





Physical examination

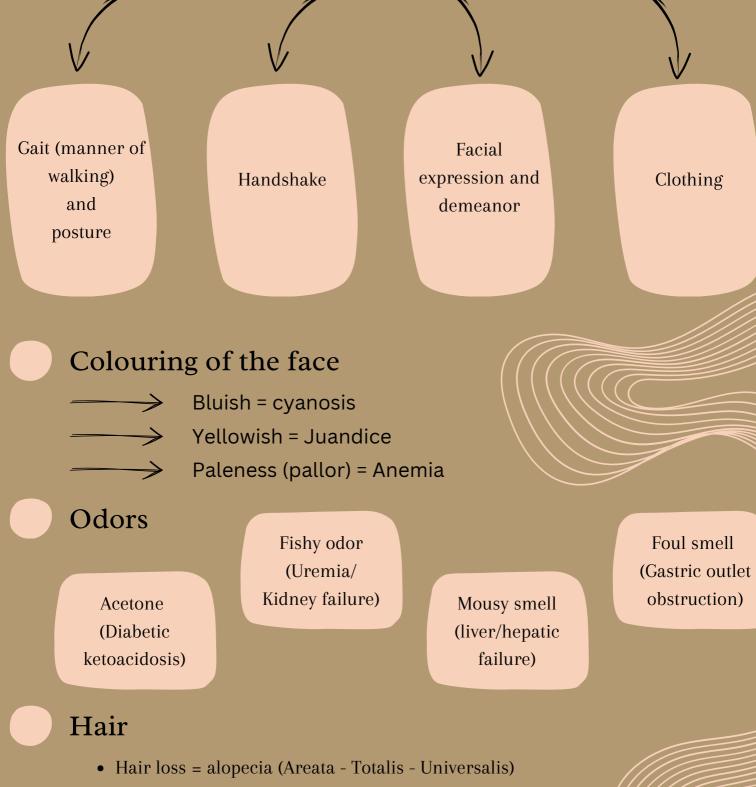
Steps of examination:

- \rightarrow Introducing yourself
- \rightarrow Give them privacy
 - \rightarrow Talk with the patient (history taking)
 - I. Get to know the patient (name, age, gender, etc.)
 - 2. Chief complaint
 - 3. History -> Past history, drug history, family history, social history.
 - 4. Systematic inquiry (Symptoms in other body systems relating to the main issue.)
 - 5. Differential diagnosis (Distinguishing a particular disease or condition from others that present with similar clinical features.)
 - Ask for your patients permission
 - \rightarrow Wash your hands/hygiene
 - Position the patient correctly and expose the area of examination
 - \rightarrow Proceed with the physical examination
 - Inspection -> eyes
 - Palpation -> fingers
 - Percussion -> tapping
 - Auscultation -> listening (stethoscope)

On spot diagnosis:

Illnesses or diseases that can be diagnosed from facial features and other visible stuff, such as down syndrome

When the patient enters



• Excessive hair = hirsutism / hypertrichosis

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Size

Fasciculation

Hands and nails

- Color: Bluish (peripheral cyanosis) Yellow markings between fingers (smoker)
- \rightarrow Skin texture
 - ightarrow Deformities and muscle wasting
 - ightarrow Nail change and clubbing

Consciousness Glasgow Coma Score

What to look for

- Eyes opening
- Verbal response
- Best motor response

Assessment of consciousness

Alert
Lethargic
Obtunded
Stuporous
Comatoses

Hydration

Importance of hydration

- Varies by age and gender
- Body is made of 60-65% of water
- It is crucial for maintaining metabolism and circulation

Dehydration

- Not enough water, difficult to assess, easy to underestimate fluid loss
- High pulse rate with low blood pressure
- Sunken eyes, dry mucus, loss of skin turgor

• Too much water, more evident than dehydration

Overhydration

- Edema
- Jugular venous pressure