

Paediatric Respiratory Exam

DO FULL RESPIRATORY EXAM AS USUAL BUT BELOW ARE SOME EXTRA THINGS YOU MAY LOOK OUT FOR

General

- Dysmorphism
- Work of breathing
- Colour (pallor, cyanosis, mottling)
- Alertness and interest with surroundings
- Nutritional status

Listen to breathing

- Wheezing (bronchiolitis, asthma)
- Stridor, harsh voice (croup)
- Grunting (bronchiolitis)
- Secretions
- Foreign body

Nails

- Clubbing (CF, bronchiectasis)

Respiratory rate

- Count for 1min. Usually best with chest exposed (tachypnoea = respiratory distress; bradypnoea = final stages of respiratory failure)
- Prolonged expiration (bronchoconstriction in bronchiolitis or asthma)

Chest deformities

- Barrel chest (asthma)
- Harrison's sulcus (permanent groove in chest wall at insertion of diaphragm in chronic asthma)
- Pectus carinatum
- Pectus excavatum

Work of breathing

- Recession
 - Tracheal tug
 - Supraclavicular
 - Intercostal (in drawing between ribs – an earlier feature in younger children because the chest wall is less firm)
 - Subcostal
- Use of accessory muscles
 - Head bobbing caused by SCM contractions (quite severe respiratory distress)
 - Abdominal breathing caused by forced diaphragm breathing
 - Nasal flaring (to get as much airway space as possible)

Chest auscultation

- If child is crying, try and listen to breaths in
- Noises transmit all over chest as they are small
 - Crepitations/wet crackles (secretions; bronchiolitis; infection)
 - Bronchial breathing (pneumonia)
 - Wheeze (asthma)

To complete

- Vital signs
- Growth charts
- ENT

NORMAL	<1 year	1-2 years	2-5 years	5-12 years	>12 years
Resp rate	30-40	25-35	25-30	20-25	15-20
Heart rate	110-160	100-150	95-140	80-120	60-100