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

<table>
<thead>
<tr>
<th></th>
<th>NORMAL</th>
<th>&lt;1 year</th>
<th>1-2 years</th>
<th>2-5 years</th>
<th>5-12 years</th>
<th>&gt;12 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart rate</td>
<td>110-160</td>
<td>100-150</td>
<td>95-140</td>
<td>80-120</td>
<td>60-100</td>
<td></td>
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