

# General Examination

**Stand on the Right Side of the patient**

## RIPE WIPE

Request for a Chaperon.

Introduce yourself.

Take permission from the patient.

Explain the examination for the patient.

Wash your hands [hand hygiene].

Interior: The room is well lit, warm temperature and private

Posture of the patient 45° supine. (For lymphs ex. 90°)

Exposure the patient is exposed appropriately

[neck area + axilla for lymphs].

**The patient is sitting/lying in the bed looks well, comfortable and stable.**

## ABC LOOKS

Start by asking the patient about the **place** that we are in, in which **year** we are and **who** you are?

1-The patient is alert, conscious oriented for time, place and people.

2-No audible breathing sounds no wheezes not tachypneic not distressed.

The patient tone sounds normal no hoarseness no slurred speech.

3-Clothes are appropriate to the weather .

3-Colors : check the eyes[no jaundice,no pallor] no redness, no swelling no rash, no lesions, no bruises.

4-Lines, medical devices: the patient is not attached to any devices nasal cannula no cannula no insulin pump no pacemaker no catheters no inhalers.

5-No oxygen pump no oxygen masks .

6-No abnormal odors.

7-The patient has a normal bodybuilding, not cachectic, not obese.

8-The patient looks symmetrical, no deformities no deviation.

9-Patient facial expressions are normal, no apathy, no agitation.

\* ask the patient to stand up and let him walk a short distance.

[look at him from both sides]

10-The patient Gait, Posture and Stature appears normal.

Ask for vital signs,

Heart rate, Respiratory rate, Blood Pressure, Temperature,

Oxygen saturation, BMI .

## **Hand Examination (Bilateral)**

### ***Dorsum:***

**Dorsum to Dorsum feel temperature bilaterally:**

Symmetrical Bilateral Temperature across the hands.

Hands are Symmetrical

\*No Scars

\*No Swelling

\*No Redness

\*No deformities (ulnar deviation, arachnodactyly, Swan neck)

\*No tar stains

\*No amputation

### ***Palms:***

**Palm to palm feel sweatiness:** Hands are dry.

\*No Scars

\*No Swelling

\*No pallor, No Pigmentation.

\*No Palmar Erythema.

\*No Dupuytren's contracture.

\*No Muscle Wasting(thenar& hypothenar).

## ***Nails:***

Nails appear normal attached to the nail bed.

\*No peripheral cyanosis.

\*No yellow nails.

\*No Deformities:

(No leuconychia, No koilonychia, No onycholysis, No pitting nails, No beau's line, No Lindsay's nails, No splinter hemorrhage).

## **Tests:**

**Before touching the patient:**

1. warm your hands.
2. ask for permission
3. ask if something hurts him before touching him
4. always maintain eye to eye contact .

\*Check Capillary refill—> Press for 30 seconds, Normal capillary refill within 2 seconds.

\*Check for Clubbing in **all** fingers **bilateral**, 4 exams

1. Interphalangeal depth: say the interpharyngeal depth is longer than the distal pharyngeal the ratio = 1.
2. Hypoonychial angle the normal angle is  $\geq 160^\circ$  & less than  $190^\circ$ .
3. Schamroth's window is visible .
4. Fluctuation: no fluctuation.

**Test for tremors:** no fine tremor ,no flapping tremor.

No visible masses no tenderness.



## Face Examination

- \*Normal pattern of hair distribution
- \*Normal Hair line
- \*Symmetrical bilateral eyebrows
- \*No loss of third distal eyebrows (hypothyroidism).
- \*No redness
- \*No swelling
- \*No scars
- \*No rash

## Eyes

Symmetrical bilateral Eyes

- \*No Exophthalmos
- \*No Enophthalmos
- \*No periorbital edema

## Nose

- \*No depressing of nasal bridge
- \*No flaring

## Lips

- \*No peripheral cyanosis.
- \*No ulcers.

## Mouth

Ask the patient to open his mouth, look to his tongue while inside, then ask him to put out his tongue, move it right and left

Comment by:

- \*No central cyanosis .
- \*No angular stomatitis.
- \*No glossitis.
- \*No macroglossia.
- \*No beefy tongue.
- \*No smoothness in the tongue.
- \*No obvious masses.
- \*No tongue deviation.
- \*No palate deformity (arched palate “Marfan’s”).
- \*Good oral hygiene, No oral Carries.
- \*No oral ulcers.

Ask the patient to raise his tongue up then Comment by:

- \*No central cyanosis

## Neck & Lymph Nodes

**Inspection** (look to the neck Bilaterally)

Comment:

- No scars,
- No swelling,
- No redness,
- No pigmentation, No skin discoloration.
- No visible lymphadenopathy,
- No visible dilated veins,
- No visible masses,
- No visible pulsation,
- No rash.

## ***Palpation:***

**Before touching the patient:**

1. warm your hands.
2. ask for permission
3. ask if something hurts him before touching him
4. always maintain eye to eye contact .

### **•Cervical Lymph Nodes:**

- From behind, examine with 3 fingers bilaterally moving one hand in a time in a circular motion.

preauricular, submental, submandibular, , tonsillar, deep cervical nodes in the anterior triangle of the neck by head rotation to opposite side to locate the sternocleidomastoid they are anterior to it and supraclavicular

-Palpate for the scalene nodes by placing your index finger in the angle between the sternocleidomastoid muscle and clavicle. Ask the patient to tilt their head to the same side and press firmly and downward.

- From the front of the patient, palpate the posterior triangles, up the back of the neck and the posterior auricular and occipital nodes.

**Comment:**No tenderness, No palpable lymph Node.

## •Axillary Lymph Nodes (bilaterally)

### 1-Inspection

is same above but take care to look at the both hands raised.

### 2-Palpation

To palpate the right axilla, support the patient's right arm with your right arm to relax their shoulder muscles and explore the axilla with your left hand. Then Gently place your 3 fingertips into the apex of the axilla and then draw them in a circular motion , feeling the medial, lateral, anterior and posterior axillary walls in turn.

**Comment:** No palpable LN, No tenderness

## •Epitrochlear Nodes (bilaterally)

To palpate support the patient's right wrist with your left hand, hold their partially flexed elbow with your right hand, and use your thumb by rounded motion to feel for the epitrochlear node which located 3 cm above epicondayl . Examine the left epitrochlear node with your left thumb.

**Comment:** No palpable LN, No tenderness

### Ending the examination:

Tell the examiner that you want to examine the inguinal lymph nodes and check hydration state of the patient.

**Don't forget to thank the patient**

# Lump Description

## SPACE SPIT

### 1. Size

"I would measure the size of the lump in two dimensions using a ruler or calipers."

◆ MacLeod's Note:

Use accurate measurements.

Important to track growth or compare with normal.

### 2. Position

"The lump is located in the [e.g. left anterior triangle of the neck / right upper quadrant of the abdomen / lower outer quadrant of the breast]."

◆ MacLeod's Note:

Location helps identify origin (e.g., parotid vs. thyroid). Look for multiple lumps in conditions like neurofibromatosis, lipomatosis, or lymphomas.

### 3. Attachment

"The lump is [freely mobile / partially mobile / fixed] to [overlying skin and/or deeper structures]."

◆ MacLeod's Note:

Malignant lumps often infiltrate and feel fixed.

Tethering to skin may cause peau d'orange (orange peel appearance).

Attachment to deeper structures may suggest malignancy or muscle invasion.



#### **4. Consistency**

"The lump feels

[soft / firm / rubbery / hard / stony hard / fluctuant]."

◆ MacLeod's Note:

Soft = lipoma

Firm = benign or reactive

Hard = malignancy or fibrosis

Fluctuant = fluid inside (cyst or abscess)

Stony hard = very suggestive of malignancy

#### **5. Edge**

"The edge is [well-defined / irregular / indistinct]."

◆ MacLeod's Note:

Well-defined edge → likely benign

Ill-defined edge → infiltrative process (e.g., cancer)

#### **6. Surface and Shape**

"The surface is [smooth / irregular / nodular], and the lump is [round / oval / lobulated]."

◆ MacLeod's Note:

Smooth surface → benign

Irregular or nodular → suggests malignancy.

## 7. Pulsations, Thrills, Bruits

"The lump is [non-pulsatile / pulsatile] + I check for a [thrill / bruit] using palpation and auscultation."

◆ MacLeod's Note:

Pulsatile lump: may be an aneurysm or highly vascular tumour

Thrill: palpable vibration

Bruit: heard with stethoscope (turbulent blood flow)

## 8. Inflammation Signs

"There is [redness / tenderness / warmth / no signs of inflammation]."

◆ MacLeod's Note:

Red, tender, warm → acute inflammation (e.g. abscess, infected cyst)

Lipomas, skin metastases → typically painless and non-inflamed

## 9. Transillumination

"I perform transillumination using a pen torch.

Needs a darkened room and thin overlying tissues

The lump [does / does not] transilluminate."

◆ MacLeod's Note:

Positive in fluid-filled cysts like hydroceles or epidermoid cysts (if fluid is clear).