Examination of the respiratory system

Assessment of competences for ANP

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please note: Practitioners can add DOPS, PBAs and CEXs as evidence.**

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| --- | --- | --- | --- |
|  | **NOT competent** | **Competent** | **Signature and date** |
| Examination of the respiratory system |
| 1 | General inspection in relation to PHx and PMHx* Respiratory rate/pattern
* Chest shape
* Central/peripheral cyanosis
 |  |  |  |
| 2 | Palpation* Trachea
* Respiratory excursion
* Chest expansion
* Chest wall tenderness
* Tactile fremitus
 |  |  |  |
| 3 | Percussion* Anterior/posterior
* Resonance
* Hyper-resonance
* Dull
* Stony dull
 |  |  |  |
| 4 | Auscultation* Normal vesicular breath sounds
* Abnormal breath sounds
* Wheeze
* Crackles
* Rub
* Stridor
* Bronchial breath sounds
* Pectoriloquy
 |  |  |  |
| **Assessor’s comments** – to include description of the respiratory cycle and relevant A&P, CXR and pulmonary function test interpretation to define obstructive and restrictive lung disease. Description of the assessment and examination findings with inclusion of NYHA categorisation. Diagnosis, differential diagnosis, further investigations and management plan for preoperative patient or complex finding (to include management of suspected pleural effusion, pneumothorax, consolidation, referral to other specialist teams and comment on cough, sputum, haemoptysis, respiratory pain/discomfort, shortness of breath or if SOB is from primary cardiac pathology): |
|  |
| **This practitioner has completed these outcomes to the appropriate standard.****Assessor’s name:****Signature and date:** | **Practitioner’s signature:****Date:** |