



Respiratory Assessment – Step-by-Step OSCE Guide ACP Academy Format (Refreshed Edition)

GETTING STARTED

1. Perform hand hygiene and don PPE if required.
2. Introduce yourself: “Hi, I’m Jamie, one of the advanced clinical practitioners.”
3. Confirm the patient’s full name and date of birth.
4. Briefly explain the exam: “I’d like to assess your chest and lungs today – this involves looking, feeling, listening and tapping on the chest.”
5. Gain verbal consent and offer a chaperone.
6. Ask if the patient currently has any chest pain or shortness of breath.
7. Position the patient at 45° with chest exposed appropriately.

GENERAL INSPECTION

8. Look around the bed for signs of respiratory support (e.g. oxygen masks, nebulisers, sputum pots).
9. Observe for clinical signs: cyanosis, tachypnoea, pursed lip breathing, cough, wheeze, or cachexia.

HANDS

10. Inspect the hands for: tar staining, clubbing, cyanosis or peripheral wasting.
11. Check for a fine tremor (suggests β 2-agonist use) or asterixis (CO_2 retention).
12. Assess temperature and radial pulse.
13. Count the respiratory rate for a whole minute.

JVP ASSESSMENT

14. Inspect the neck for raised jugular venous pressure.
15. Elicit hepatojugular reflux if JVP is borderline.

FACE

16. Inspect the eyes for pallor or Horner's syndrome.
17. Look in the mouth for central cyanosis or oral candidiasis.

CHEST INSPECTION

18. Observe the chest for deformities, scars or asymmetry.
19. Assess tracheal position and cricosternal distance.

PALPATION

20. Palpate the apex beat.
21. Assess chest expansion – compare both sides anteriorly and posteriorly.

PERCUSSION

22. Percuss the chest wall methodically – anterior, lateral, and posterior fields.
23. Note areas of dullness or hyperresonance.

AUSCULTATION (Do not auscultate over clothing)

24. Ask the patient to breathe deeply in and out through the mouth.
25. Auscultate all lobes of the lung – compare like with like.
26. Listen for breath sounds: vesicular, bronchial, crackles, wheeze or rubs.
27. Assess vocal resonance or tactile vocal fremitus if needed.

LYMPH NODES

28. Palpate cervical, supraclavicular and axillary lymph nodes.

TO COMPLETE THE EXAM

29. Inspect posterior chest – repeat inspection, palpation, percussion and auscultation.
30. Check for sacral and pedal oedema.
31. Assess calves for tenderness or swelling (DVT).
32. Thank the patient and offer assistance to redress.
33. Dispose of PPE and wash your hands.

34. Summarise your findings and suggest further tests:

- Oxygen saturations, ABG, peak flow, CXR, sputum culture, ECG

**The respiratory exam remains core to clinical practice – even in the digital age.
Develop the habit of structured assessments and always match your findings to the
bigger clinical picture.**