<table>
<thead>
<tr>
<th>General Survey, etc... Exam Checklist</th>
<th>Done</th>
<th>Not Done</th>
<th>Not Done Correctly</th>
</tr>
</thead>
</table>

### Criteria for Clinical Performance

**Prior to beginning exam:**

- Wash hands
- Introduce self & explain exam to be done

**General Survey:**

*Take note of the following (and verbalize):*

- Family members or significant others accompanying patient
- Skin color
- Facial expression, mood, affect, eye contact
- Orientation & mental alertness
- Mobility (gait, assistive devices, ease of changing positions, removing coat/clothing)
- Dress & posture
- Speech pattern, language fluency, speech disorders
- Difficulties with hearing or vision; use of assistive devices (e.g. hearing aide, glasses)
- Stature & build, nutritional state
- Musculoskeletal deformities
- Respiratory problems or other evidence of acute distress

**Vital Signs:**

*With patient sitting:*

- Pulse: Located radial pulse and timed frequency on one side.
- Respiration: Deliberately observed chest expansion and simultaneously timed frequency checking rate, regularity and pattern of breathing. Verbalized results for pulse and respiration.
- Assessed radial pulses *simultaneously and bilaterally* noting regularity, amplitude, intensity, and symmetry.
- Positions patient close to the blood pressure equipment.
- Chose appropriate size blood pressure cuff based on the diameter of the patient's arm.
- Positioned patient's arm slightly flexed with palm up and with forearm supported.
- Appropriately identified the brachial artery and applied completely deflated cuff on skin over the brachial artery with the lower edge of the cuff one inch above the antecubital fossa.
- Adjusted the position of the gauge for convenient reading.
- Positioned the stethoscope ear pieces in the ears with tips directed forward.
- Placed bell of stethoscope directly on skin over the brachial pulse.
- Closed the needle valve (air lock) on the hand control bulb firmly but so it may be readily released.
- Inflated cuff to 200 mm Hg.
Released the air lock slowly and deliberately so that the dial drops gradually and steadily.

Listened for first sound (systolic) and noted the number on the dial. Stops release of pressure at this point. Pumps cuff 20-30 mm Hg above this point and reassesses top number.

Continued releasing the pressure slowly.

Noted number on the dial where the last distinct tap was heard (diastolic pressure).

Released pressure further (about 10 mm) until all sounds ceased.

Let the remaining air out of the cuff rapidly.

Reported blood pressure as a fraction.

### Pulsates, seated:

**Palpate pulses**
- Carotid
- Brachial
- Radial
- Popliteal
- Dorsalis pedis
- Posterior tibial

**Auscultate pulses**
- Carotid (while patient holds breath)
- Temporal

**With patient supine...**

**Palpate pulses**
- Femoral
- Abdominal aorta

**Auscultate pulses**
- Abdominal aorta
- Renal
- Femoral

**Exam of the Lymphatic System:**

Inspect visible nodes for size, position, erythema, red streaks (verbalize)

Palpate lymph nodes of the head and neck (*Note size, consistency, mobility, tenderness, warmth, etc.*) and verbalize

- Occipital
- Postauricular
- Preauricular
- Tonsillar (=parotid/retropharyngeal)
- Submandibular
- Submental
- Anterior cervical
<table>
<thead>
<tr>
<th>Lymph Node Location</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Posterior cervical</td>
<td></td>
</tr>
<tr>
<td>Supraclavicular</td>
<td></td>
</tr>
<tr>
<td>Palpate lymph nodes of the upper extremities (Note size, consistency, mobility, tenderness, warmth, etc.)</td>
<td></td>
</tr>
<tr>
<td>Axillary</td>
<td></td>
</tr>
<tr>
<td>Epitrochlear</td>
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</tbody>
</table>

**Exam of the Lymphatic System:**

- Palpate lymph nodes of the lower extremities (Note size, consistency, mobility, tenderness, warmth, etc.)
  - Inguinal (superior & inferior chains)
  - Popliteal