



Expert in my pocket

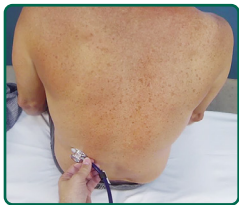
CHEST AUSCULTATION

Chest Auscultation



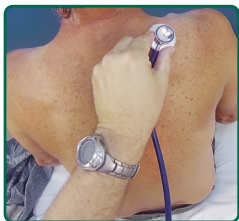
1 Preparing for the procedure

- Inform patient and gain consent.
- Sanitise hands and don personal protective equipment as appropriate.
- Position the patient sitting upright, preferably with their legs over the edge of a bed or chair.
- Ask the patient to remove sufficient clothing to allow the clinician access to their chest.
- Warm the diaphragm of the stethoscope by lightly rubbing it before placing it on patient.
- Ensure stethoscope chest piece is set to listen through the diaphragm. Place stethoscope ear pieces into ear, with each tip facing forward in the ear canal.



2 Performing the procedure

- Ask the patient to breathe deeply and slowly through an open mouth to minimise added noises.
- Press diaphragm firmly enough upon the patient's back to leave an indented ring on skin after removal.
- Keep stethoscope still and tube clear of contact with objects during auscultation. This decreases extraneous sounds.
- Listen to both sides of the chest in a systematic way from the bases to apices and directly comparing the right side with the left side over two or more full respiratory cycles at each point.
- Note the quality and intensity of the lung sounds during inspiration and expiration, while considering and listening for the following: quality of air entry; vesicular sounds, wheezes and crackles; equality of sounds on both sides.



Background

The lung is an elastic structure only suspended at its hilum from the mediastinum. The lung "floats" in the thoracic cavity, surrounded by a thin layer of pleural fluid that lubricates movement of the lungs within the cavity. The continual suction of excess fluid into lymphatic channels maintains contact between the visceral surface of the lung pleura and the parietal pleura, which holds the lungs in place as the chest expands and contracts.

Auscultation of the chest via a stethoscope has been an integral part of respiratory examination for the last 200 years. Its diagnostic usefulness is limited and dependent on the user, and there is limited research into the diagnostic value of the lung sounds.

Equipment required

- Stethoscope
- Hand sanitizer



References

- Ceresa CC, Johnston ID. Auscultation in the diagnosis of respiratory disease in the 21st century. *Postgrad Med J*. 2008; 84(994):393-4.
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- Earis J. Lung sounds. *Thorax*. 1992;47(9):671-2.

Support for this project has been provided by the Australian Government Office for Learning and Teaching.

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