

Examination

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Patients should be treated with respect and dignity , receive a clear explanation of the examination undertaken and be kept as comfortable as possible. A chaperone should be present, especially for intimate examinations. This should be part of a local guideline or policy .

James Parkinson , 1755–1824, general practitioner of Shoreditch, London, UK, published the original article suggesting that the size of the base of the tongue is an important factor in determining the degree of difficulty of direct laryngoscopy in the *Canadian Anaesthetists' Society Journal* in 1985. The original Mallampati classification was modified from a total of three to four classes by GLT Samsoon and JRB Young after reviewing a series of obstetric and general surgical patients who had had difficult intubations.

Examination is especially important in symptomatic individuals and at a minimum should include cardiorespiratory examination and airway assessment. Specifically , look for signs of heart failure, valvular heart disease, peripheral vascular disease and respiratory disease (Table 21.2).

Cardiovascular Valvular heart disease Ischaemic heart disease: angina, myocardial infarction, coronary stents Hypertension Heart failure Dysrhythmia Peripheral vascular disease Cardiac devices, i.e. permanent pacemaker Respiratory Chronic obstructive pulmonary disease Asthma Respiratory infections Obstructive sleep apnoea symptoms Gastrointestinal Peptic ulcer disease and gastro-oesophageal reflux Liver disease Genitourinary tract Urinary tract infection Renal dysfunction For females last menstrual period/pregnancy/breastfeeding status Neurological Epilepsy Cerebrovascular accidents and transient ischaemic attacks Parkinson's disease Multiple sclerosis Psychiatric disorders Cognitive function Anxiety or depression Endocrine/metabolic Diabetes Thyroid dysfunction Pheochromocytoma Porphyria Locomotor system Osteoarthritis Inflammatory arthropathy, i.e. rheumatoid arthritis Disorders of muscle, i.e. muscular dystrophy, myasthenia, myopathy Haematological Bleeding disorders Personal or family history of deep vein thrombosis and pulmonary embolism Objection to blood product transfusion Haemoglobinopathy, i.e. sickle cell disease Infection Human immunodeficiency virus/hepatitis/tuberculosis Other, i.e. MRSA/COVID-19/drug-resistant organisms Previous surgery and anaesthesia Problems encountered, i.e. difficult Airway Society Alert, suxamethonium apnoea Family history of problems with anaesthesia, i.e. malignant hyperpyrexia COVID-19, coronavirus disease 2019; MRSA, methicillin-resistant *Staphylococcus aureus* . General: positive findings, even if not related to the proposed procedure, should be explored further Surgery related: type and site of surgery, with reference to imaging and investigations Systemic: comorbidities and extent of limitation of each organ's function Specific: for example, suitability for positioning during surgery or to plan airway management

TABLE 21.2 Medical examination. General Anaemia, jaundice, cyanosis, frailty, nutritional status, sources of infection (teeth, feet, leg ulcers), height, weight and BMI

Cardiovascular Pulse rate and rhythm, blood pressure, heart sounds, bruits, jugular venous pressure, peripheral oedema, exercise tolerance Respiratory Respiratory rate and effort, chest expansion and percussion note, breath sounds, oxygen saturation at rest and exertion, consider PEFR Gastrointestinal Abdominal masses, ascites, bowel sounds, hernia, genitalia Neurological Consciousness level, cognitive function, sensation, muscle power, tone and reflexes Airway Mouth opening, neck extension, Mallampati assessment score, thyromental distance, jaw protrusion, scarring to mouth or neck, dentition BMI, body mass index; PEFR, peak expiratory flow rate.

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