Duke New Grad Fellowship
Pediatric Physical Exam Pearls
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Physical Exam Pearls

Do not assume adults are the parents! "And your relationship to the child is…?" or to child: "Who did you bring with you today?"

Non-COVID 19 days: Consider taking off your mask for a moment so the child can see your face; take off white coat.
Read the kid. If nervous, consider talking to parents and limiting eye contact with the child at first. Let them get used to your presence.
Tell parents: It's ok if they cry.

Order of Exam:
You will figure out what order you like to use.
Knee to knee position (you and caregiver, with child lying supine on your laps): it can help with an infant/small child who doesn't want to be away from caregiver at all--can do almost the entire exam this way.

1. Observe **parents/caregivers**
2. Start with **heart and lungs** while child is quiet.
    a. Lift the shirt, open the onesie (kids will hide their work of breathing under their clothes)
    b. Child could suck on pacifier or drink from bottle or breastfeed to limit crying.
    c. Demonstrate on parents, yourself, or stuffed animal. Or ask child where the stethoscope goes.
    d. Be patient for lung sounds. Distinguish upper airway rhonchi (snot/runny nose) from lower airway. Be sure to do full lung exam to catch pneumonia at the bottom regions.
    e. "Show me how you blow bubbles/blow out birthday candles." Blowing a tissue to make it move--this works best for me.

3. **Abdomen**—both with the patient distracted (b/c kids are suggestible) and asking them to indicate when it hurts.
    a. "Do you have space in here for a snack?" while palpating.
    b. Appendix: "What is your favorite food?...If I had some pizza now for you, would you want some." (They will say no.)
    c. Appendix: "Accidentally" hit the table to make it shake, see if that hurts.

    d. Appendix: Patient will refuse to jump up and down due to pain. May be clutching stomach or walking hunched over.
4. **Head/Eyes**:
    a. Infant fontanelle: open? Bulging? Sunken (dehydrated?)
    b. Shine light on child's knee or hand first to show them it's a flashlight.
    c. Pupil light reflex (for eye alignment).
    d. Red reflex. White reflex instead of red means refer the child to ophthalmology TODAY!
    e. EOM's: "Can you follow my flashlight with your eyes?

5. Hardest part: **Ears and throat!**
    a. Caregiver hug: Patient sitting sideways in caregiver lap, one arm hugging body and child's arm, other arm/hand holding child's head against caregiver's chest. Encourage caregiver to hug tightly, and that this keeps patient safe, and it's ok if they cry!
    b. Remember lots of crying will make the tympanic membranes look red.
    c. Use pinky finger to brace your hand against child's head/temple, so that if they squirm, your otoscope is moving with them like one fixed piece, rather than waving in and out of their ear.
6. **Throat:** Often now the patient is crying because you looked in those ears, so use this chance to look in the mouth, throat.
    a. Wear a mask! Child may cough/vomit.
    b. Positioning: Sitting up if cooperative, or knee to knee with parents, or supine on table (easiest for me).
    c. "Say aaah like you are singing." or "Show me those alligator teeth." or "Pant like a puppy." Last resort, lightly gag patient with gloved finger (baby with no teeth) or edge of tongue blade, this will lift the palate out of the way for you to get a quick glimpse at the pharynx.
    d. Strep test--it's a good test if they gag!
    e. Patients who will not open up: stack multiple tongue blades on top of each other so that the mouth is open even if the patient bites down.
    f. Remember strep throat kids may not complain of sore throat--might only complain of belly pain, or might only have a rash.
7. **Neck:**
    a. Kids will have easily palpable cervical nodes even when they are sick with a simple cold.
    b. Supple? Torticollis?
    c. Check infant neck strength (usually you already have a good idea early on)
8. **Hips**
9. **Reflexes**
10. **Skin**
    a. Remember to check palms/soles
11. **Diaper area**
    a. Check both testicles are descended (male)

b. Rash
c. “Because Mommy/Daddy is here and gives me permission...” or “Mommy will help me take a look here” (and Mom can help lower the underwear)
d. Let parents change the diaper then, too, if they want.

Random Tips:
-Find something to connect over with the child.
-Don’t assume the adults are mom and dad.
-Fever is higher in kids with milder illness.
-In addition, in the afternoon/evening, things do worsen: crankiness, temperature goes up, a little more “loud” breathing or tummy breathing (NOT same thing as truly labored breathing).
-Words parents use that often don’t carry the same meaning we would assign as providers: **“**Lethargic,” “wheezing,” “breathing hard/labored breathing.”
-Room destruction is good! I.e., if the kid feels well enough to walk around the room, try to play with the faucet, tear the table paper, etc, that is a good sign.
-If you have children of your own, it can be nice to share that to help reassure parent, but don’t make it sound like you’re just talking about your kids.
-It is normal for breastfeeding to hurt at first!!!!
-For sick visits: If the child is eating (though usually a little decreased), drinking, pooping, peeing = good!!
-Hydration and breathing—main areas where kids can get in trouble.
-Adolescents: how is school going?
-Parents know their kids.

Things parents want:
-Patience and understanding if their kid is being difficult. Even the best kids have tough days. The child is a true little person. Not an adult. But a person with a soul.
-Medical parents—some want you to know they are medical but they also want you to act like they aren’t, in a way.
-Shared decision making.
-”Crazy” fears taken seriously and addressed.
-When to come back.
-When to go to ER.
-What can we do at home?
-Make my kid feel better (so we can all sleep!)
-Can they go to school?
-Is this normal for my kid to do?

(I don’t have the vaccination talk really since I’m not in primary care.)

Big Tip: Give your patient the benefit of the doubt!

From Other Providers:

"In order to get the forceful exhalation to check for end expiratory wheezing, I use the "squeeze the wheeze" maneuver. Just ask the child to take a deep breath with your auscultation hand on back of chest and other hand on front of chest. At end of exhalation squeeze!"

"Examine the area that is hurting the child last! For example, if a child is complaining of a finger injury, I will examine other areas first. I will listen to his lungs even if they don't need to be examined, because it helps to build trust with the child/show them I am not trying to hurt them.

Also, with babies, always look at their work of breathing before you touch them! Try to listen to their chest first in mom's arms so that you can get a good examination before upsetting them. Once they start crying, it becomes difficult to get a good exam of the chest.

Also, do as much of the exam as you can with them in their mom's lap!

I also like to tell kids to stick out their tongue and pretend they're panting like a puppy when I get a strep throat swab."

"I have better success seeing their throat if I say, 'Show me your tongue!' rather than, 'Open wide.'

For ortho complaints if I want to see them move the leg, I'll ask them to climb up onto the exam table (ours at Holly Springs are lower) or show me how they jump. For the arm I'll ask for a high five or offer a lollipop they have to grab.

If I have to use the lighted curette to clean out their ears, I call it my magic wand and they love it haha. Also sometimes to look in their ears I'll tell them I'm looking for bunnies."

- Flashlights are fun distractions. In the pre-COVID days I would wave around a pen light attached to my stethoscope when I needed to distract a child long enough to listen to their heart/lungs. Now the otoscope already in the room serves a similar function.
- In the MS exam I ask kids to hop like a bunny rabbit or jump like a kangaroo. It's silly and gives a decent idea of symmetric vs asymmetric gross motor function. Also, if they can jump then not having severe belly pain.
- Drawing on the exam table paper can be a distraction, or a demonstration of fine motor skills.
- With the parents' permission, I will use a book or toy that the family brought with them as a distraction, or to evaluate cognitive function, or to check eye movements.
- For ear exams I say I'm going to check if something is growing in there, or if I see Elmo; usually causes them to giggle. And I tend to do the ears last since for most kids it's the scary and/or painful part.

"Pinch nose to get kid to open mouth. They can't hold their breath and will have to breath through their mouth.

Hold one hand in front of the child while listening to their back. Seeing your hand makes them less suspicious.
With the otoscope, touch their hand or arm with the earpiece attached to the otoscope to show them it won't hurt."

"I like the blow the paper trick, though it is harder now with masks.

For the oral exam, I like to have young children sit in the parent's lap facing the parent with legs wrapped around their waist. I then ask mom to lay the child back with head in my lap. I have my light ready. The child usually screams and I get a great exam.

I have two methods for holding for the ear exam.

1) Sit the child sideways in the parent's lap. The child's arm closest to the parent goes under the parent's arm. Parent then "hugs" the child with one hand holding the head and the other around the arm and body. If necessary, the child's legs can go between the parents knees.
2) If the child is hard to restrain in this position, I lay the child on the exam table with the parent at the end of the table near the child's head. The parent then holds the child's arms over the head and consoles the child. This steadies the head. I then lay over the body and look in the ears. I can let the child kick without hurting anyone.

For examining the abdomen in a child who cries when I touch them, I ask the parent to palpate the abdomen to better assess tenderness."

"If child seems fussy or upset, I examine the child in parents arms, walking around the room, however they will cooperate best. I don't force them on the exam table unless parents say they will be fine up there.

For a nursemaid's elbow, if you can't get the kid to reach for a sticker, I will ask the parents if it is ok if I hold the child so I can see if they will reach for their parents. 9x/10 they will absolutely reach for mom or dad and tada! elbow extension intact! haha

I also listen to kids' lungs when they are screaming. The louder they are crying the harder they have to breathe in, in-between crying. So you get good lung sounds."