

Cardiovascular Examination

Introduction

- Wash your hands and don PPE if appropriate
- Introduce yourself to the patient including your name and role
- Confirm the patient's name and date of birth
- Briefly explain what the examination will involve using patient-friendly language
- Gain consent to proceed with the examination
- Adjust the head of the bed to a 45° angle
- Adequately expose the patient
- Ask if the patient has any pain before proceeding

General Appearance (Clinical years)

- Respiration: rapid, labored, cachectic.
- Dysmorphic features of syndromes associated with cardiac abnormalities: Marfan's syndrome, Down's syndrome, Turner's syndrome.

The hands (Clinical years)

- Cyanosis, clubbing, splinter haemorrhages, Osler's nodes, Janeway lesions, tendon xanthomata

The arterial pulse, bilateral

- Rate, rhythm, radiofemoral delay, character and volume, condition of vessel wall (thickening, tortuosity).

The blood pressure, bilateral

- Systolic, diastolic, pulsus paradoxus.

Face (Clinical years)

- Sclerae for jaundice, xanthelasma, mitral facies.

Mouth (Clinical years)

- High arched palate, teeth diseased or broken, tongue and lips for central cyanosis, mucosa for petechiae.

The neck (Clinical years)

- Carotid artery: amplitude, shape, volume, bruit.
- Jugular venous pressure (JVP) pulsation** Lay down patient at 45%, good lighting, height and character, abdominojugular reflux test.

The praecordium

- Inspection:** Scars, skeletal abnormalities, funnel chest, kyphoscoliosis, scoliosis, surgical abnormalities, and pacemaker.
- Palpation:** apex beat, other praecordial impulses.
- Auscultation:** Mitral area with bell and diaphragm, tricuspid area, pulmonary area, aortic area, abnormalities of heart sounds: alterations in intensity, splitting, extra heart sounds, and additional sounds.
- Murmurs: (Clinical years)** associated features, timing, area of greatness intensity, loudness and pitch, dynamic manoeuvres.

The back (Clinical years)

- Lung bases percussion and auscultation, pitting oedema of sacrum.

The abdomen (Clinical years)

- Patient lying flat with one pillow under his head. Enlarged tender liver, ascites, splenomegaly, pulsation of abdominal aorta.

The lower limbs (Clinical years)

- Edema, cyanosis of toes.
- Palpate** femoral, popliteal, posterior tibial, dorsalis pedis.
- Signs of ischemia:** loss of hair, atrophic skin, color change in feet (red or blue), ulcers (venous, diabetic or arterial), reduced capillary return.
- DVT:** Tenderness and erythema, swelling, dilated superficial veins, warmth.

After examination

Ensure patient comfort, cover and thank the patient.

Provide explanations, address questions, and discuss the management plan with the patient.

Dispose of waste material following infection control standards.

Do not forget to wash your hands.

Reference: Talley, N. J., & O'Connor, S. Clinical Examination: A Systematic Guide to Physicians Diagnosis, 9th Edition.

