

**CARDIOVASCULAR EXAMINATION (DME 3125/4115)**

Student Name: \_\_\_\_\_ Comp. No: \_\_\_\_\_

Skills Group: \_\_\_\_\_

Examiner: \_\_\_\_\_ Total Score - \_\_\_\_\_ / **80** = \_\_\_\_\_ %

	<b>Not done (0)</b>	<b>Incomplete (1)</b>	<b>Complete (2)</b>
<b>Introduction</b>			
Greets, states full name, designation, asks for patient's full name, explains examination and obtains consent			
Ensures privacy and asks for a chaperone			
Cleans stethoscope and washes hands			
Exposes patient adequately, positions patient correctly – Supine and propped up at <b>45°</b> , and asks if patient is in pain			
<b>General Appearance</b> <i>Moves to foot end of bed</i>			
Observes patient for <b>signs of respiratory distress</b> , habitus, posture and level of comfort <i>AAs to explain components of habitus</i>			
Observes patient's surroundings for medical paraphernalia especially relevant to Cardiopulmonary Disease - O <sub>2</sub> Mask, ECG, IV line etc.			
<b>Hand/Arm</b> <i>Moves to right side of patient</i>			
Checks for Peripheral cyanosis and Palmar pallor			
Checks for finger clubbing ( <b>grades it</b> ) <i>Students to explain the five grades of Finger Clubbing</i>			
Checks Capillary Refill Time ( <b>&lt;2 seconds</b> ) and Quincke's Sign (pulsating nail bed)			
Checks for peripheral stigmata of Cardiovascular Disease <ul style="list-style-type: none"> <li>- Osler's Nodes, Janeway Lesions, Splinter Hemorrhages.</li> <li>- Subcutaneous nodules, Erythema marginatum</li> </ul>			
Checks for tendon xanthoma, petechial rashes			
Palpates Radial and Brachial pulses (rate, rhythm and volume, Synchronicity, collapsing) and de			

Musset's sign (Head nodding in time with the heart beat)			
Mentions desire to measure Blood Pressure			
Face			
Scleral Jaundice, Conjunctival pallor, Conjunctival hemorrhages and Xanthelasma			
Checks for mitral Facies, Lips for peripheral Cyanosis, tongue for central cyanosis, Dental caries and Muller's sign (Pulsating uvula)			
Neck			
Inspects for Jugular Venous Distension (JVD) and Corrigan's sign ("Dancing" carotid )			
Auscultates Carotid bilaterally with the bell (patient instructed to hold their breath briefly) <i>AAs to explain why auscultation of the Carotid is done before its palpation</i>			
Palpates Carotid one side at a time <i>AAs to provide a rationale</i>			
Measures JVP and interprets results. <i>AAs to explain how to measure JVP (Both from Louis' sternal angle, and Right atrium)</i>			
Chest			
<b>Inspection of precordium</b> for scars (surgical e.g. midline sternotomy or Traumatic), activity of precordium (normoactive/hyperactive), moles, rash, symmetry, deformity, visible pulsations.			
Warm hands and ask for areas of pain			
<b>Palpation</b> – Locates apex beat			
Check for parasternal Heave			
Palpation of Aortic, Pulmonic, Tricuspid and Mitral areas(PMI) for thrills			
<b>Auscultates</b> Aortic, Pulmonic, Tricuspid and Mitral areas (PMI) with diaphragm for S1 and S2			
<b>Auscultates</b> Aortic, Pulmonic, Tricuspid and Mitral areas with bell			
Turns patient on side (LLD) and auscultates with the bell for S3 and S4 gallops and mitral murmurs.			
<b>Comments</b> on heart sounds, Murmurs (Timing – diastolic vs systolic, Site Of Maximum Intensity, Radiation, Grade ( <b>Levin Grading</b> ) etc.) and added sounds			
Patient seated and leaning forward slightly			

Auscultate with diaphragm Aortic, Pulmonic, Tricuspid and Mitral areas especially for pericardial rub and aortic regurgitation			
Auscultates Lung Bases for Crackles			
Checks for Sacral Edema			
Abdominal Examination			
Inspection of abdomen for pulsation, distension etc.			
Palpation of aorta (left of midline, above umbilicus)			
Auscultates for renal artery bruits. <i>AAs to explain location of site for auscultation</i>			
Presses upward on liver margin while observing Jugular veins – Hepatojugular Reflux			
Extremities			
Palpates femoral arteries ( <b>verbalized only</b> during exams)			
Palpates Popliteal arteries (may need patient prone)			
Palpates Posterior tibial and Dorsalis Pedis arteries			
Uses thumb to assess for pedal, ankle and pretibial edema, bilaterally			
Explains findings to the patient and documents. Thanks patient, allows patient to dress up			

Comments:

Total – \_\_\_\_\_ / **80** = \_\_\_\_\_ %

## NOTES:

- Ideal exposure for the cardiovascular examination is *fully exposed*, however for the sake of decency patients may be asked to take only their shirts off
- Apex beat is defined as the most lateral point of maximum pulsation of the heart

## FURTHER READING

- Signs of Heart Failure
- Signs of Acute Rheumatic Fever
- Signs of Infective Endocarditis
- Signs of Aortic Regurgitation
- Levin grading of murmurs



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xanthelasma



erythema marginatum



splinter hemorrhages

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janeway lesions



Osler's nodes



Pulp of fingers and toes  
Pin head to pea size  
Pink to purple in colour  
Painful

Due to immune complexes