

CARDIOVASCULAR SYSTEM EXAMINATION

H: Hello "Introduce yourself , take permission & Confirm patient identity"

E: Explain What are going to do & Exposure " above the waist"

L: Light

P: Privacy " ask for chaperone" & Position " At 45 degree"

GENERAL examination

Hands: Periperal cyanosis , Capillary refill , Splinter hemorrhage , Clubbing , Tar staining, Osler node , Janeway lesion , Temperature , then take PR (Check for Radio-Radial delay and Radio-Femoral delay) , RR , tremor & measure BP.

Eyes: Xanthelasma , Corneal arcus , Conjunctival pallor and petechial hemorrhage.

Face: tounge for central cyanosis, Malar flush .

Neck: JVP

Lower Limbs : Ankle edema

PRECORDIUM Examination

Inspection(from 2 Sites)

From the **foot** of the bed & from **Right** Side of the patient

- 1- Symmetry of the chest
- 2- Chest deformities
- 3- Attached devices & drains
- 4- Breathing pattern

- 1- Visible Scars (Sternotomy)
- 2- Superficial masses or swelling
- 3- Visible Pulsation

Palpation (Is There Any Pain ?)

- 1- Heart : Apex beat (lt. Sided heaves) & Rt. Sided (left parasternal) heave.
- 2- Thrill : The tactile equivalent of a murmur (Palpable vibration).

Auscultation:

- 1- Heart Sound Vs. Added Sound
- 2- Murmur on ALL areas Of 4 Valves with bell and diaphragm
 - Auscultate carotid & axilla for radiation.
 - With 2 maneuvers for AR & MS
 - Don't forget to Auscultate Lung bases.

Thank the patient and clean your hands

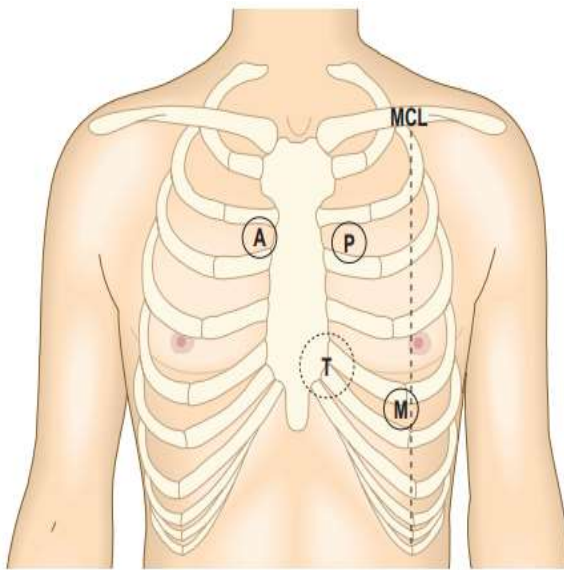
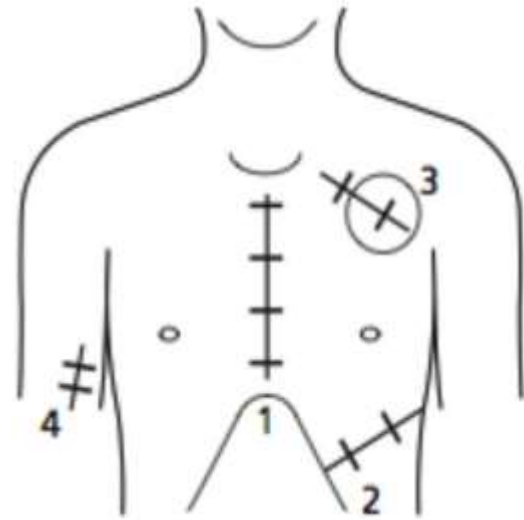
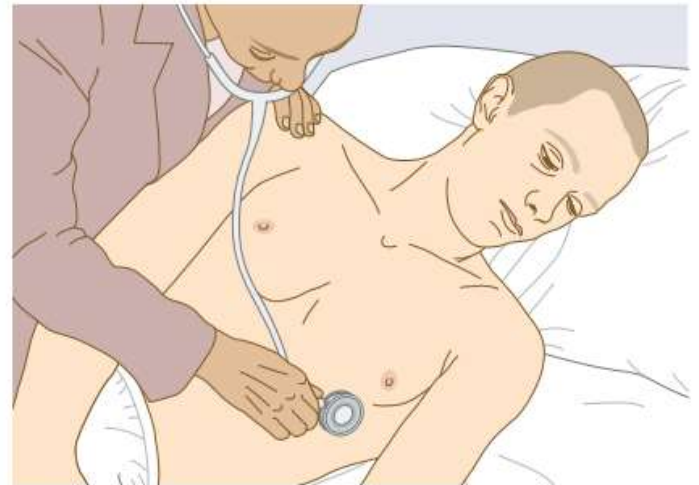


Fig. 4.17 Sites for auscultation. Sites at which murmurs from the relevant valves are usually, but not preferentially, heard. A, aortic; M, mitral; MCL, mid-clavicular line; P, pulmonary; T, tricuspid.



B

For Aortic Regurgitation



A

For Mitral Stenosis