

CHECKLIST FOR CARDIOVASCULAR EXAMINATION – UNDERGRADUATE GUIDE

Ones in BLACK must do or comment on, Ones in BLUE must comment on only if present or applicable to patient. Content in blue should be in back of your mind so say when you are practicing but not during exam unless seen on the patient in the exam. **FOLLOW THIS CHECKLIST IN PUBLISHED ORDER**

Stage 1: Pre Exam Checklist	
1. Alcohol Gel / Bare Below Elbows	
2. Introduction – “Shake hands/ hello my name is.....”	
3. Consent – “Will it be okay if I examine your hands and chest?”	
4. Positioning – lie at 45°, check if patient comfortable in said position	
5. Exposure – expose from waist upwards and legs. <i>Remember to preserve dignity of patient esp. women</i>	
Stage 2: General inspection	
NB: POSITION YOURSELF TO THE RIGHT SIDE IF NOT ALREADY DONE SO AS ALL EXAMINATION SHOULD BE PERFORMED FROM THE RIGHT SIDE OF PATIENT	
1. Take a step back to end of the bed	
2. Comment on patient (obvious only) <ul style="list-style-type: none"> • Comfortable at rest or not • Obvious pallor or cyanosis • Obvious signs of distress (e.g. hyperventilation, clammy, pale and gray) 	
3. Comment on obvious tubes / connections attached to patient <ul style="list-style-type: none"> • Oxygen • Connected Drips – Saline / IV medication – antibiotics, analgesia • Cardiac monitoring • Urinary catheter 	
4. Obvious cardiovascular findings <ul style="list-style-type: none"> • Scars – chest/ legs • Pacemaker <p>Remember this is not close inspection, So only mention obvious things. Don't commit to things at this stage.</p>	
5. Comment on surroundings <ul style="list-style-type: none"> a. GTN spray b. Insulin pens/ BM meters c. Yellow warfarin book 	

<p>d. Walking aids</p> <p>e. If no other clues “say no other obvious clues around the bed”</p>	
<p>Stage 3: Peripheral Examination</p>	
<p>1. Hands</p> <ul style="list-style-type: none"> • Nails – Clubbing, tar staining • Nails other – Splinter haemorrhages, Osler’s nodes, Janeway lesions, nail fold infarcts, nail bed pulsations • Other rare: Tendon xanthomata (high chol) 	
<p>2. Wrist</p> <ul style="list-style-type: none"> • Radial pulse: rate and rhythm. Check both radial pulses at the same time for radial-radial delay • Offer to do radial-femoral delay (aortic coarctation) • Collapsing pulse – check for pain first “I’m just going to lift your arm very quickly, do you have any pain in your shoulder?” 	
<p>3. Forearm</p> <ul style="list-style-type: none"> • Bruising / needle marks 	
<p>4. Offer to do blood pressure at this stage (examiner will say move on)</p>	
<p>5. Head</p> <ul style="list-style-type: none"> • Any facial signs of the following syndromes – Down’s, Marfan’s, Noonan’s, William’s, Turner’s • Face: Pallor, malar flush (mitral stenosis) • Eyes <ul style="list-style-type: none"> ○ Conjunctiva (pull lower lids down and ask patient to look up) – “No conjunctival pallor” or “pale conjunctiva – possible anaemia” ○ Corneal Arcus (old age / high chol), Xanthelasma – Cholesterol deposits around the eyes • Mouth <ul style="list-style-type: none"> ○ Central cyanosis ○ Dentition ○ High arched palate if suspicion of Marfan’s 	
<p>6. Neck</p> <ul style="list-style-type: none"> • JVP: ask patient to turn their head away from you. Press RUQ for abdomino-jugular reflux. <i>Remember to check for pain</i> 	

<ul style="list-style-type: none"> • Carotid: check for character and volume. <i>Remember only check one side at a time!</i> 	
<p>Stage 4: Praecordium/ Chest</p>	
<p>7. Closer inspection – Now is the time to look closely at things you may have briefly commented on in general inspection</p> <ul style="list-style-type: none"> • Scars – median sternotomy (CABG, valve replacement), lateral thoracotomy, left infraclavicular • Pacemaker 	
<p>8. Palpation – Apex beat</p> <ul style="list-style-type: none"> • Ask the patient if in pain or any pain in the chest wall • Warn them that you will press on their chest for heartbeat and say “let me know if you have any pain” • Other – warn if you have cold hands etc and rub them to make them warm • Once you have found apex beat, count the number of intercostal spaces to determine where it is (normal = 5th ICS MCL) • Character: tapping, diffuse, double impulse, heaving, thrusting 	
<p>9. Palpation – other</p> <ul style="list-style-type: none"> • Heaves: check left parasternal edge (right ventricular heave) • Thrills: these are palpable murmurs so check the remaining 2 valve areas i.e. aortic and pulmonary 	
<p>10. Auscultation – heart sounds</p> <ul style="list-style-type: none"> • Time with central pulse e.g. carotid artery • Listen to apex with bell not diaphragm <p>To accentuate any possible murmurs</p> <ul style="list-style-type: none"> • Maneuvres: roll patient to left side → mitral stenosis, sit forward → aortic regurgitation (listen at lower left sternal edge) AND • Breathing: lEft sided murmurs best heard Expiration, rIght sided murmurs heard Inspiration • Check for radiation – carotids (aortic stenosis), axilla (mitral regurgitation) 	

STAGE 5: The Back	
1. Auscultate lung bases	
2. Palpate for sacral oedema – remember to check for pain and warn the patient of what you are going to do e.g. “I am going to check for swelling in your lower back”	
STAGE 6: The Legs	
1. Inspect – have a closer look if you previously noticed scars (vein harvesting)	
2. Inspect for swelling (pitting oedema) <ul style="list-style-type: none"> • If bilateral swelling / oedema: Heart failure, low albumin (e.g. liver disease, nephrotic syndrome) • If unilateral think DVT 	
STAGE 7: TO FINISH OFF	
Turn to the examiner and say: “To complete my examination I would like to:” <ul style="list-style-type: none"> • Examine the abdomen for AAA, hepatomegaly (right heart failure) • Check pulses in lower limbs for peripheral vascular disease • Urine dipstick – haematuria (infective endocarditis) • Fundoscopy – hypertensive/ diabetic changes, Roth’s spots (infective endocarditis) 	
STAGE 8: COMPLETION	
<ul style="list-style-type: none"> • Thank the patient • Offer to help get dressed and cover up • USE ALCOHOL GEL AGAIN AT THE END 	
STAGE 9: PRESENT FINDINGS	
END OF EXAMINATION	