

CVS EXAMINATION CHECKLIST

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First off

- Introduce yourself, ask for **permission**
- Check **privacy, illumination, warmth**
- Ask for chaperone
- Wash your hands and warm them
- Position the patient (45°)
- Exposure above the waist

First impression

- Consciousness, orientation
- Patient position, medical devices
- Distress or anxiety
- Breathless, in pain
- Breath smell (alcohol, smoke)
- Cyanosis, pallor, jaundice
- Hoarseness, Horner's syndrome

Vitals

- **BP (Pulsus paradoxus & postural hypotension)**
- RR
- Temperature
- O₂ sat
- BMI

Face

- Xanthelasmas
- Corneal arcus
- Conjunctival pallor
- Petechial hemorrhage on conjunctiva
- Jaundice on sclera
- Malar flush
- Cyanosis (central, peripheral)
- Glossitis and angular stomatitis, dental carries.
- Finish with: "I need fundoscopy to look for DM or HTN retinopathy and Roth spots."
- **Check the neck for visible masses, scars, veins**

Hands

- **Inspection**
- Tremor (Fine, flapping)
- Needle puncture marks or tracks
- Nails (clubbing, splinter hemorrhage, cyanosis)
- Tobacco staining
- Dorsum > Skin & Tendon xanthoma, petechial rash
- Palm > Erythema
- Osler Nodes & Janeway lesions
- **Palpation**
- Temperature, wet/dry
- Capillary refill

Pulses, for radial say: "Normal volume and character, though it is better to be assessed in a larger artery"

Common to all

- Rate
- Rhythm
- Volume
- Character (slow rising, collapsing, pulsus bisferiens, pulsus alternans)
- Compressibility

Radial

- **CPR:**
- **Collapsing pulse** (ask for shoulder pain)
- **Pulse deficit**
- **Radio-radial delay**
- **Radio-femoral delay**

Other pulses

- Brachial (arm semi-flexed)
- Carotid (Check bruits by auscultation while the patient is holding his breath)

Say "I'll examine the femoral, popliteal, posterior tibial and dorsalis pedis arteries."

JVP exam, **measure height (ruler measurement + 5 cm)** after you do these:

General	Inspection	Palpation	Maneuvers
<ul style="list-style-type: none"> Stand to the right of the patient Semirecumbent position Rest his head on a pillow and turn it to the left 	<ul style="list-style-type: none"> Use your torch Inward movement Two peaks per heart beat 	<ul style="list-style-type: none"> Impalpable Compression at the root of the neck obliterates it 	<ul style="list-style-type: none"> Decreases with inspiration Increases with lying flat Abdominojugular reflux

Comment: **“By inspection** an inward double waved venous pulse was detected. The venous pulse decreases on inspiration and disappears on sitting upright. **By palpation** the venous pulse is not palpable, disappears with neck root compression and increases with abdomino-jugular reflux. **Measured as 9 cm water.”**

Precordium examination: exposure above the waist, position lying at 45 degrees.

Inspection:

Foot of the BED
<ul style="list-style-type: none"> "Symmetrical bilateral chest moving with breathing." Deformity (excavatum, carinatum)

Right side
<ul style="list-style-type: none"> Hair distribution Scars, skin lesions and masses Dilated veins Visible pulsation (aneurysm) + look for apex beat (torch)

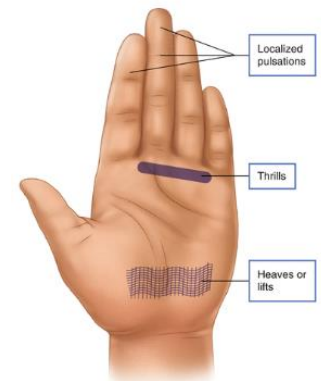
Palpation:

Remember **eye contact** and **asking about tender areas**, start by **checking for tenderness**.

Apex beat
<ul style="list-style-type: none"> Position Character "Left 5th ICS, mid-clavicular line, localized, gently tapping"

Heave
<ul style="list-style-type: none"> Apex (LV) Left parasternal area (RV) Ask patient to hold breath at expiration.

Thrill
<ul style="list-style-type: none"> Apex Left parasternal area Right parasternal area



Auscultation: Palpate the carotid while auscultating.

- Auscultate the 4 valves areas with **diaphragm**, then listen with **bell** at apex (Mitral stenosis, S2, S3) and lower left sternal border (Tricuspid stenosis/regurgitation).

- Auscultate over the left axilla (Radiation of mitral regurgitation).
- Auscultate the carotid artery (Radiation of aortic stenosis).

- Roll the patient on his left side and auscultate the apex with the **bell** (Mitral stenosis). - Ask the patient to sit up, lean forward and hold breath in full expiration to auscultate Erb's point with **diaphragm** (Aortic regurgitation).

“Normal S1, S2. Normal S2 splitting. No S3, S4. No added sounds (opening snap, ejection click, midsystolic click, mechanical valves or friction rub). No murmurs.”

Say “I’ll complete my examination by auscultating the lungs’ bases for crackles and pleural effusion. I’ll auscultate for carotid bruit. And I’ll examine the abdomen for ascites and hepatosplenomegaly and sacral edema. I’ll examine lower limb for edema, ulcers, pulses. And I’ll examine JVP.”

