

CARDIAC TEACHING EXAMINATION
Checklist 2007

	Need to Practice	Feel Comfortable
Inspection (in sitting position)		
1. Patient appearance (Comfortable, well appearing, anxious, short of breath, etc).		
2. Note any cyanosis, clubbing, pallor, cachexia, and tachypnea (see your physical diagnosis text for definition).		
Vital signs, carotid pulses, jugular venous findings:		
3. Check radial pulse for 15 seconds (Note pulse rate in beats per minute, also note if pulse is regular or irregular).		
4. Determine blood pressure in either arm. Patient should be in sitting position with YOU supporting his/her arm at heart level. Use appropriate sized cuff, and line up brachial artery with line on cuff. Pump cuff to 200 so you do not miss severe systolic hypertension. (Warn patient it may be a bit uncomfortable.)		
5. Ideally, blood pressure and pulse should be assessed in both the supine and sitting (or standing) positions in order to assess orthostatic changes. Be sure to allow the patient three to five minutes to equilibrate to the new position.		
6. Position patient in supine position, with head elevated at 30-45 degrees. Stand to the patient's right.		
7. Inspect right carotid artery: Turn patient's head to left, look for bounding pulses.		
8. Inspect right internal jugular vein while palpating right radial artery. Look for A waves and V waves (see text). State whether A wave is larger, smaller, or the same as the V wave. (This is NOT an easy task. Don't be frustrated if you can't see the waves).		
9. Sequentially palpate each carotid pulse. Are the pulses equal? Assess volume and upstroke (bounding, diminished, or delayed).		

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10. Sequentially auscultate each carotid artery for bruits or transmitted murmurs.		
11. State the jugular venous pressure in centimeters of water (see text).		
12. Inspect precordium for abnormal pulsations.		
Palpation		
13. Palpate the apical impulse, and note its location (e.g. 5 th intercostal space, midclavicular line). Note if the impulse is sharp or diffuse.		
14. Palpate the left parasternal borders for right ventricular heaves or thrills (a vibration representing a severe murmur).		
15. Palpate the 2 nd left intercostal space for pulmonary artery pulsations.		
16. Palpate the suprasternal notch for aortic pulsations.		
Auscultation (with head of bed up 30 – 45 degrees)		
17. Listen to the following areas of the precordium with both the bell and diaphragm: 2 nd right intercostal space 2 nd left intercostal space Left lower sternal border Apex		
18. Listen for: S ₁ and S ₂ (Helpful hint: Palpate a carotid pulse while listening. S ₂ is after the carotid pulse).		

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19. S ₃ and S ₄ (This can be tricky. S ₄ is before S ₁ and S ₂ , and the three beats sound like 'Tennessee'. S ₃ is after S ₁ and S ₂ , and the sound is more like "Kentucky".)		
20. Other sounds to listen for during systole and diastole: murmurs, rubs, clicks, opening snaps (see your physical diagnosis text for detailed descriptions).		
21. Ask patient to roll onto left side. Identify the apex by palpation (i.e., the point of maximal impulse or PMI). Using the bell, listen at the apex. This will bring out mitral valve abnormalities.		
22. Ask the patient to sit up and to inhale, exhale deeply, and then lean forward. Listen over the aortic and pulmonic areas for the diastolic murmur of aortic insufficiency and for pericardial rubs. (This maneuver is a particularly important one to master – and remember.)		
Peripheral Vascular Exam		
23. Inspect lower extremities for size, symmetry, color, temperature and venous patterns (e.g. venous stasis).		
24. Palpate lower extremities for signs of edema.		
25. Palpate lower extremity arterial pulses (i.e. dorsalis pedis and posterior tibial arteries).		