



Medical Student
Survival Skills

Clinical Examination

Philip Jevon, Elliot Epstein,
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Consulting Editors: Jonathan Pepper and Jamie Coleman



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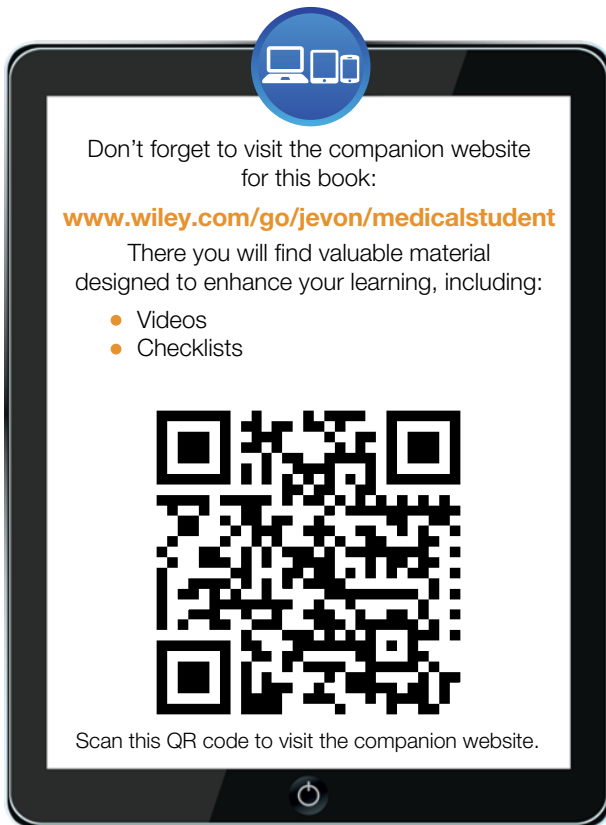
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About the companion website



1

Examination of the cardiovascular system



NB Systematic approach: inspection, palpation, percussion, and auscultation.

Preparation

- *Cross infection*: wash and dry hands, bare below the elbow
- *Introductions*: yourself and the task; confirm patient's name and age
- *Consent*: to the procedure
- *Pain*: is the patient in pain
- *Privacy*: ensure privacy, e.g. curtains drawn around bed
- *Position*: ideally on the bed at 45° – if this is not possible, report that back to the observer
- *Exposure*: from the waist up, may not be appropriate to expose from the start of the exam for female patients

The peripheries

Inspection

- *Environment*: fluid restriction, glyceryl trinitrate (GTN) spray, oxygen, infusions, cardiac monitor
- *Patient*: breathlessness, distress, position, orthopnoea, pallor



NB Before you take their hand, double check again about pain.

- *Hands*
 - Observe colour (pallor or peripheral cyanosis)
 - Feel for temperature
 - Measure capillary refill time (CRT) (Box 1.1): normal CRT <2 seconds
 - Look for tendon xanthomata (Figure 1.1), tar staining, clubbing, splinter haemorrhages (Figure 1.2), Janeway lesions, and Osler's nodes

Box 1.1 Measuring CRT

- Raise extremity (e.g. finger) slightly above the level of the heart
- Blanche the skin for 5 seconds and then release
- Note the CRT (normal is <2 seconds; prolonged CRT >2 seconds may be caused by circulatory shock, pyrexia, or a cool ambient temperature)



Figure 1.1 Tendon xanthomata – usually indicates hypercholesterolemia.



Figure 1.2 Splinter haemorrhages – may be seen in infective endocarditis.