Cardiovascular Examination Checklist

Systematic CVS exam — general inspection to peripheral findings

1 Setup & Introduction

- [ ] Wash hands / gel
- [ ] Introduce, confirm name & DOB, gain consent
- [ ] Expose chest — maintain dignity, warm room
- [ ] Position patient at 45° (head of bed up)
- [ ] Ask about pain before touching
- [ ] Gather: stethoscope, sphygmomanometer, pen torch

2 General Inspection — End of bed

- [ ] Well / unwell? Comfortable at rest?
- [ ] Breathless / SOB at rest?
- [ ] Peripheral / central cyanosis
- [ ] Pallor, jaundice, malar flush
- [ ] Pacemaker / defibrillator scars visible?
- [ ] Fluid management chart, O_2, GTN spray nearby?
- [ ] Body habitus, cachexia, oedema visible?

3 Hands

- [ ] Clubbing (check all fingers, both hands)
- [ ] Peripheral cyanosis (nailbeds)
- [ ] Splinter haemorrhages (linear under nails → endocarditis)
- [ ] Osler's nodes (tender, fingertips → endocarditis)
- [ ] Janeway lesions (painless, palms → endocarditis)
- [ ] Xanthomata (creases → hyperlipidaemia)
- [ ] Radial pulse — rate, rhythm, character, volume
- [ ] Radio-radial delay? (coarctation)
- [ ] Capillary refill time (<2 sec normal)

4 Face & Neck

- [ ] Eyes: corneal arcus, xanthelasma (hyperlipidaemia)
- [ ] Conjunctival pallor (anaemia)
- [ ] Cheeks: malar flush (mitral stenosis)
- [ ] Mouth: central cyanosis (tongue), dental hygiene
- [ ] **JVP:** patient at 45°, turn head left, identify JVP, measure vertical height above sternal angle (<4 cm normal)
- [ ] Hepatojugular reflux if JVP raised
- [ ] Carotid pulse character (bounding, plateau, collapsing)
- [ ] Carotid bruit (bell of stethoscope)

5 Precordium — Inspect · Palpate · Auscultate

INSPECTION

- [ ] Scars: midline sternotomy, lateral thoracotomy, pacemaker (left infraclavicular)
- [ ] Visible pulsations, chest wall deformity
- [ ] Apex beat visible?

PALPATION

- [ ] Apex beat — locate (5th ICS, MCL normal), character (heaving/thrusting/tapping/displaced)
- [ ] Parasternal heave (right ventricular hypertrophy)
- [ ] Thrills (palpable murmur) — systolic / diastolic

AUSCULTATION

- [ ] 4 areas: Aortic (2nd ICS RSB) → Pulmonary (2nd ICS LSB) → Tricuspid (4th ICS LSB) → Mitral (5th ICS MCL)
- [ ] Diaphragm: S1 & S2 · Bell: low-frequency (mitral stenosis)
- [ ] Aortic area: sit forward + expiration (aortic regurgitation)
- [ ] Mitral area: left lateral decubitus (mitral stenosis)
- [ ] Axillary radiation (MR), carotid radiation (AS)
- [ ] Added sounds: S3 (LVF/volume overload), S4 (non-compliant ventricle)
- [ ] Pericardial rub: leaning forward, end expiration

Aortic Stenosis
Ejection systolic · 2nd ICS RSB · radiates carotids · low-pitched

Aortic Regurgitation
Early diastolic · 3rd ICS LSB · sit forward + expiration

Mitral Regurgitation
Pansystolic · apex · radiates axilla · blowing

Mitral Stenosis
Mid-diastolic · apex · left lateral · rumbling · opening snap

6 Lung Bases

- [ ] Percuss lung bases bilaterally
- [ ] Auscultate: bibasal fine crepitations → pulmonary oedema (LVF)
- [ ] Dullness to percussion → pleural effusion

7 Abdomen & Peripheries

- [ ] Hepatomegaly (right heart failure → tender smooth hepatomegaly)
- [ ] Sacral oedema (bed-bound patients)
- [ ] Bilateral pitting ankle oedema — grade it
- [ ] Peripheral pulses: bilateral radial, femoral, popliteal, posterior tibial, dorsalis pedis
- [ ] Radio-femoral delay (coarctation)

8 To Complete

- [ ] Blood pressure (both arms if coarctation suspected)
- [ ] Temperature chart
- [ ] Urinalysis (haematuria → endocarditis)
- [ ] Fundoscopy (Roth's spots)
- [ ] 12-lead ECG
- [ ] Chest X-ray

HOW TO PRESENT YOUR FINDINGS

"On examination, [patient] was comfortable at rest with no cyanosis or dyspnoea. The pulse was [rate] and [rhythm], with a [character] JVP of [height] cm. The apex beat was located in the [position], and was [character]. On auscultation, heart sounds were [S1+S2+?added sounds], with a [systolic/diastolic] murmur best heard at [area], radiating to [location]. Lung bases were [clear/showed bibasal crepitations]. There was [no/bilateral pitting] ankle oedema. In summary, these findings are consistent with [aortic stenosis / mitral regurgitation / cardiac failure]."