PRECORDIUM EXAMINATION

SPECIFIC EXAMINATION

INTRODUCTION

STEP	*EXPLANATION*	*HOW TO COMMENT*	*EXTRA/BONUS/IMPORTANT*
INTRODUCE YOURSELF	MENTION YOUR **FULL NAME** AND WHERE YOU ARE FROM	"MY NAME IS…" "I'M A FIRST/SECOND/THIRD YEAR MEDICAL STUDENT FROM IMU"	**SANITIZE** YOUR HANDS HERE USING ALCOHOL OR GEL AS YOU ENTER THE ROOM
IDENTIFY THE PATIENT	ASK FOR **FULL NAME** AND **LAST 4 DIGITS OF IC** (YOU MAY ALSO ASK FOR AGE OR DOB)	"CAN I GET YOUR FULL NAME." "CAN I GET THE LAST FOR DIGITS OF YOUR IC."	"CAN I GET YOUR DATE OF BIRTH"
EXPLAIN THE PROCEDURE	EXPLAIN **WHAT WILL HAPPEN** DURING THE EXAMINATION AND **WHY** WE ARE DOING IT. IF CONSENT IS TO BE ASKED, PATIENT MUST BE AWARE AS TO WHAT HE/SHE IS CONSENTING TO.	"I'VE BEEN INSTRUCTED BY MY SENIORS TO DO A **CARDIOVASCULAR EXAMINATION**. THIS INVOLVES YOU TAKING OFF YOUR **UPPER GARMENT** AND I WILL BE EXAMINING YOUR **CHEST** AND **BACK** TO ASSESS THE **OVERALL HEALTH OF YOUR HEART**"	
CONFIDENTIALITY	EXPLAIN THAT **PATIENT PRIVACY** AND **CONFIDENTIALITY** WILL BE MAINTAINED	"EVERYTHING DONE HERE WILL BE KEPT PRIVATE AND CONFIDENTIAL."	CAN ADD "… BETWEEN THE MEDICAL TEAM AND I."
CHAPERONE AND CONSENT	EXPLAIN A CHAPERONE WILL BE PROVIDED IF NEEDED AND FINALLY DO **GET CONSENT** CHAPERONES ARE NEEDED FOR PATIENTS WHO ARE TOO SICK TO GET AROUND BY THEMSELVES. CONSENT IS ASKED AFTER EVERYTHING HAS BEEN EXPLAINED	WHILST POINTING TOWARDS THE FACILITATOR: "THERE WILL BE A CHAPERONE PROVIDED IF NEEDED." "DO I HAVE YOUR CONSENT TO PROCEED"	
EXPOSURE	ASK PATIENT TO **REMOVE THE GOWN**/NECESSARY CLOTHING	"CAN YOU PLEASE REMOVE YOUR UPPER GARMENT/GOWN"	
PAIN	ENSURE PATIENT IS **PAIN FREE** AS PATIENT SAFETY AND WELL BEING TRUMPS YOUR NEED TO CONDUCT AN EXAMINATION	"ARE YOU EXPERIENCING ANY PAIN"	MORE RELEVANT IN CASES OF PATIENT BROUGHT TO HOSPITAL DUE TO SYMPTOMS (SOB/CHEST PAIN/SWELLING) RATHER THAN FOR A CHECK UP
POSITIONING	ENSURE PATIENT IS AT RIGHT **ORIENTATION** TO DO THE EXAMINATION TO ENSURE ALL EXAMINATIONS ARE ACCURATE	SET BED TO 45^0 (SECOND NOTCH ON THE BED)	

GENERAL INSPECTION – MOVE TO THE FOOT OF THE BED			
STEP	*EXPLANATION*	*HOW TO COMMENT*	*EXTRA/BONUS/IMPORTANT*
CONSCIOUSNESS LEVELS	COMMENT ON **PATIENT'S ENGAGEMENT** WITH YOU TO UNDERSTAND IF THE HIGHER BRAIN FUNCTIONS ARE COMPROMISED	"PATIENT IS ALERT, RESPONSIVE AND CONSCIOUS"	WE ARE ABLE TO DEDUCE THIS BECAUSE THE PATIENT WAS SPEAKING BACK TO US DURING THE INTRODUCTION
RESPIRATORY DISTRESS	HEART AND LUNGS ARE INTERCONNECTED; IF THE HEART IS COMPROMISED, DUE TO LACK OF PROPER CIRCULATION THE **LUNGS WILL BREATHE DEEPLY** AND FORCEFULLY IN AN ATTEMPT TO OXYGENATE THE BLOOD	"NO SIGNS OF RESPIRATORY DISTRESS"	WE ARE LOOKING FOR TACHYPNOEA (FAST BREATHING) AND OBVIOUS STRAIN WHILE DOING SO
GENERALISED CYANOSIS	COMMENT ON ANY **OBVIOUS SIGNS OF CYANOSIS** WHICH WILL INDICATE A PERFUSION PROBLEM	"NO SIGNS OF GENERALISED CYANOSIS"	PATIENT WILL APPEAR A TING OF BLUE (MORE PROMINENT IN LIGHTER COMPLEXIONS)
MEDICAL GADGETS	COMMENT ON WHETHER THERE ARE ANY **MEDICAL GADGETS** ATTACHED TO THE PATIENT	"NO MEDICAL GADGETS ARE ATTACHED"	MENTION IF THERE ARE ANY ECG LEADS, IV CANNULAS OR NASAL CANNULAS (FOR 0_2)
CHEST			
STEP	*EXPLANATION*	*HOW TO COMMENT*	*EXTRA/BONUS/IMPORTANT*
INSPECTION:			
SANITIZE HANDS	PLACE BOTH HANDS ON PATIENTS ARM AND ASK "ARE MY HANDS TOO COLD" THESE ARE VERY GOOD EMPATHY POINTS THAT SHOW YOU CARE ABOUT THE PATIENT		
CHEST DEFORMITIES	MALFORMATION IN THE CHEST (STERNUM) CAN CAUSE THE HEART AND ITS VESSEL POSITIONS TO **SHIFT** THEREBY ALTERING THE LOCATIONS FOR **VALVE SOUNDS, THRILLS** AND **APEX BEAT** PECTUS EXCAVATUM – "SUNKEN CHEST" PECTUS CARINATUM – "PIGEON CHEST"	"NO CHEST DEFORMITIES LIKE PECTUS EXCAVATUM AND PECTUS CARINATUM"	
CHEST WALL SYMMETRY	CHEST MOVEMENT **SYMMETRY** TO RULE OUT **LUNG** OR **CHEST WALL ISSUES** THAT MAY **AFFECT HEART FUNCTION** (EG: PNEUMOTHORAX OR FLAIL CHEST)	OBSERVE THE CHEST **RISE AND FALL** FOR AT LEAST **1 BREATHE CYCLE** AND SEE IF THE MOVEMENT IS **SYMMETRICAL** ON BOTH SIDE "CHEST MOVES SYMMETRICALLY"	

STEP	*EXPLANATION*	*HOW TO COMMENT*	*EXTRA/BONUS*
OBSERVE THE CHEST	OBSERVE THE CHEST **FOR VENOUS DISTENSIONS, VISIBLE PULSATIONS** OR **SCARS.** IF SCAR IS OBSERVED ASK PATIENT WHAT IT IS FOR: SCAR ON TOP LEFT CHEST INDICATES A PACEMAKER WHICH WILL AFFECT THE INVESTIGATION	LOOK AROUND THE CHEST AREA COMPLETELY: LIFTING THE ARMS TO EXPOSE THE PITS. "NO SCARS, NO DISTENDED VEINS, NO VISIBLE PULSATIONS"	
PALPATION:			
APEX BEAT	IDENTIFYING LOCATION OF APEX CAN HELP RULE OUT **CARDIOMYOPATHY** OR **DEXTROCARDIA** (RIGHT SIDED HEART) IF APEX **CAN'T BE FELT** AT ALL, JUST **ADMIT IT**, SOME PATIENTS IT CAN'T BE FELT AND THE FACILITATOR WILL CHECK BEFOREHAND. NO ONES APEX IS ACTUALLY AT 5TH INTERCOSTAL SPACE AT MID CLAVICULAR LINE. IT WILL BE **LATERAL OR MEDIAL TO THE MC LINE**	USING YOUR **DOMINANT HAND** FINGERS, FEEL FOR THE APEX BELOW THE NIPPLE REGION. IF IT CAN'T BE FELT, TURN PATIENT OVER TO THE LEFT AND TRY AGAIN. ONCE IT HAS BEEN FELT, PINPOINT THE LOCATION WITH 1 FINGER. USING NON-DOMINANT HAND, FIND THE STERNAL ANGLE (IT WILL BE A 'DIP' IN BETWEEN MANUBRIUM AND BODY OF THE STERNUM) THIS WILL SHOW RIB 2. MOVE DOWN BETWEEN INTERCOSTAL SPACES TILL YOU GET TO FIFTH INTERCOSTAL SPACE. AGAIN, WITH NON-DOMINANT HAND, PLACE 1 FINGER ON MEDIAL BORDER OF CLAVICLE AND OTHER FINGER ON LATERAL END OF CLAVICLE AND BRING BOTH FINGERS TOGETHER TO FIND THE MID CLAVICULAR LINE. BRING YOUR FINGER DOWN (DON'T DRAG ON SKIN AS IT IS UNCOMFORTABLE) TO SEE THE LINE. "THE APEX BEAT IS FOUND AT THE 5TH INTERCOSTAL SPACE, 2CM LATERAL TO THE MIDCLAVICULAR LINE"	
THRILLS	MURMURS ARE **TURBULENT BLOOD** AS IT FLOWS THROUGH THE **VALVES.** THRILLS ARE **MURMURS THAT CAN BE PALPATED** THEREBY YOU CAN FEEL THE TURBULENT FLOW	PALPATE ALL 4 REGIONS USING YOUR FINGERS WHERE **VALVE SOUNDS CAN BE HEARD BEST** (THESE ARE NOT WHERE THE VALVES ARE AT) **PULMONIC** – LEFT 2ND INTERCOSTAL PARASTERNAL REGION **AORTIC -** RIGHT 2ND INTERCOSTAL PARASTERNAL REGION **TRICUSPID** - LEFT 4TH INTERCOSTAL PARASTERNAL REGION **MITRAL** – LEFT 5TH INTERCOSTAL AT THE MIDCLAVICULAR LINE "NO THRILLS WERE PALPABLE"	DON'T SAY MITRAL VALVE IS HEARD AT APEX BEAT LOCATION

STEP	*EXPLAINATION*	*HOW TO COMMENT*	*EXTRA/BONUS*
PARASTERNAL HEAVE	ON THE RIGHT PARASTERNAL REGION, THE HEART CAN BE **FELT BEATING** IF THERE IS **RIGHT VENTRICULAR HYPERTROPHY** DUE TO **PULMONARY HYPERTENSION** OR **LEFT ATRIUM ENLARGEMENT** DUE TO MITRAL STENOSIS EITHER THE EDGE OR HEEL OF YOUR HAND IS BEST USED TO FEEL THE BEATS	ASK PATIENT TO EMPTY THEIR LUNGS AND HOLD THEIR BREATHE. PLACE THE EDGE OR HEEL OF YOUR HAND ON THE RIGHT SIDE OF THE CHEST RIGHT NEXT TO THE STERNUM MARGIN. YOU CAN FEEL THE BEAT HIT YOUR HAND “BREATHE IN, BREATHE OUT AND HOLD” “THERE ARE NO SIGNS OF PARASTERNAL HEAVE”	
OSCULTATION:			
CAROTID BRUITS	FIRST **OSCULATE** THE CAROTID PULSE BEFORE PALPATING, THESE RULES OUT **CAROTID BRUITS**. CAROTID BRUITS ARE CAUSED BY **CAROTID ARTERY ANEURYSM** SO IT WOULD BE BEST TO CHECK FOR THEM BEFORE PALPATING AND RISK A **HAEMORRHAGE IF PALPATED**	CLEAN THE STETHOSCOPE, TURN TO THE BELL SIDE AND TAP IT WHILE SHOWING THE FACILITATOR ASK THE PATIENT TO HOLD HIS BREATHE AND LISTEN FOR TURBULENT FLOW “BREATHE IN, BREATHE OUT AND HOLD” “NO SIGNS OF CAROTID BRUITS THEREFORE I SHALL PALPATE”	ANATOMICAL LOCATION IS INBETWEEN TRACHEA AT CRICOID CARTILAGE LEVEL AND MEDIAL BORDER OF SCM
CAROTID PULSE	WE NEED TO FIGURE OUT WHICH SOUND IS S1 AND WHICH IS S2 BY PALPATING THE CAROTID AND COMPARING. THE **HEART SOUND** THAT IS HEARD AT THE **SAME TIME** AS THE **CAROTID BEAT** WILL BE **S1**	THE HEART SOUNDS CORRESPONDS TO VALVES **CLOSING.** **S1** CORRESPONDS TO **MITRAL/TRICUSPID** VALVE CLOSING, WHICH HAPPENS DURING VENTRIUCLAR CONTRACTION (**SYSTOLE**). DURING SYSTOLE THE CAROTID BEAT CAN BE FELT **S2** IS **AORTIC/PULMONIC** VALVE CLOSING.	
HEART SOUNDS	CHECK IF THE RHYTHMICAL HEART SOUNDS OF **‘LUB DUB’** (S1 AND S2)CAN BE HEARD AND IF THERE ARE ANY OTHER PATHOLOGICAL SOUNDS (S3 OR S4)	PLACE THE **DIAPHRAGM** ON THE 4 **VALVE SOUND LOCATIONS** WHILST PALPATING THE CAROTID. “S1 AND S2 SOUNDS ARE CLEARLY HEARD. S1 IS SYNCHRONOUS WITH THE CAROTID PULSE AND THERE ARE NO PATHOLOGICAL S3 AND S4 SOUNDS”	
MITRAL STENOSIS	THERE IS AN EARLY-MID DIASTOLE CRESCENDO MURMUR WITH AN OPENING SNAP DUE TO THE **MITRAL VALVE NOT OPENING PROPERLY** SO BLOOD WILL NOT FLOW FROM LA TO LV EASILY.	PLACE THE STETHOSCOPE AT THE **MITRAL REGION**, ASK THE PATIENT TO **ROLL TO HIS LEFT**, EMPTY HIS LUNGS AND **HOLD THEIR BREATHE**. AS HE IS HOLDING HIS BREATHE, MOVE THE STETHOSCOPE **ALONG THE** 5TH **INTERCOSTAL SPACE** TOWARDS THE LATERAL SIDE. “NO MITRAL STENOSIS/MURMURS ARE HEARD”	

STEP	*EXPLAINATION*	*HOW TO COMMENT*	*EXTRA/BONUS*
AORTIC REGURGITATION	THERE IS A DIASTOLIC DECRESCENDO MURMUR DUE TO A **FAILURE OF CLOSURE** OF THE **AORTIC VALVE** SO BLOOD WILL BACKFLOW FROM AORTA BACK INTO LV	ASK PATIENT TO **BEND FORWARD** AS FAR AS HE/SHE CAN. PLACE THE STETHOSCOPE AT THE **AORTIC VALVE REGION**. ASK PATIENT TO EMPTY THEIR LUNG AND **HOLD THEIR BREATH**. "NO AORTIC REGURGITATION/MURMURS ARE HEARD"	
CREPITATIONS	DURING HEART FAILURE, BLOOD BACKFLOWS FROM LEFT ATRIUM TO THE LUNGS, THEREBY CAUSING **PULMONARY OEDEMA**. THIS CAN BE HEARD AS **CRACKLING/ POPPING SOUNDS** (CREPITATIONS) DURING INSPIRATION	WHILST PATIENT IS STILL LEANING FORWARD, PLACE STETH ONLY AT BASE OF LUNG ON HIS BACK. ASK PATIENT TO BREATH IN AND OUT AS YOU OSCULATE BOTH BASES "NO CREPITATIONS THEREFORE NO SIGNS OF PULMONARY OEDEMA"	
SACRAL EDEMA	HEART FAILURE CAN CAUSE THE BLOOD TO POOL IN THE LOWER PARTS OF THE BODY. IN THIS CASE THERE WILL BE OEDEMA IN THE SACRAL REGION (LOWER SPINE)	KEEP THE PATIENT LEANING FORWARD, PALPATE THE LOWER SPINE REGION NEAR THE TAIL AND FEEL FOR ANY OEDEMA (PUFFINESS)	
OUTRO			
EXPLAIN THAT THE EXAMINATION IS OVER AND THAT ALL FINDINGS WILL BE REPORTED		"THAT WILL CONCLUDE OUR EXAMINATION, I WILL REPORT ALL OF MY FINDINGS TO MY SENIOR CONSULTANT"	
ICE		"DO YOU HAVE ANY QUESTIONS OR CONCERNS FOR ME"	
THANK THE PATIENT AND THE FACILITATOR AND WASH YOUR HANDS ONCE MORE BEFORE LEAVING			

MY NOTES: