



Cardiology

Examination

- Introduce yourself
- Place patient at 45°, exposed from the waist up
- Observe for dyspnoea, scars, pacemakers etc

Hands

- Peripheral cyanosis (poor peripheral circulation)
- Pallor (anaemia)
- Clubbing (congenital cyanotic heart disease, endocarditis)
- Splinter haemorrhages (infective endocarditis)
- Quincke's sign (pulsation seen in nail bed aortic regurgitation)

Radial pulse

- Rate
- Rhythm (irregularly irregular in AF; irregular with multiple ectopic beats)
- Lips (Pallor of anaemia, central cyanosis)
- Character:
 - slow rising (aortic stenosis);
 - Lift the wrist for a collapsing pulse (aortic regurgitation)
- Offer to check for radio-femoral delay (coarctation of aorta)

Blood pressure

- Measure the patient's blood pressure
- Assess the pulse pressure; the difference between systolic and diastolic
- Narrow pulse pressure suggests aortic stenosis
- Wide pulse pressure in aortic regurgitation

Carotid pulse

- Feel each one separately – palpate for character: slow rising in aortic stenosis, collapsing in aortic regurgitation
- Corrigan's sign – visible pulsation (aortic regurgitation)
- De Musset's sign – severe aortic regurgitation – the head actually nods!

Jugular Venous Pressure (JVP)

- Assess the JVP for its height and waveform
- Turn the head and view from the side
- Ensure you assess the internal jugular vein (IJV passes just medial to clavicular head of sternocleidomastoid to angle of mandible)
- If you can't see it, look higher
- If you still can't see it, use the hepato-jugular reflux
- JVP is vertical height above the sternal angle – high if > 4 cm

Much loved by the examiner: 'How do you differentiate between the carotid pulse and the JVP?'

- JVP is not palpable (easily obliterated)
- Double impulse
- Falls on sitting up
- Hepato-jugular reflex
- Fills from above
- Falls on inspiration (inspiration: decreased intra-thoracic pressure sucks more blood into heart; also explains sinus arrhythmia, see later)

Face

- Conjunctivae (Pallor in anaemia; jaundice in haemolytic anaemia e.g. prosthetic valve)
- Corneal arcus, xanthelasma (Hyperlipidaemia)
- Lips (Pallor of anaemia, central cyanosis)
- Malar flush (mitral stenosis)