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# Physical Examination- CVS<sup>1</sup>

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## 1) Introduction:

- Introduce yourself
  - Take **p**ermission
  - Request a cha**p**erone
  - Check the environment (temperature and lighting)
  - Ensure **p**rivacy
  - Perform hand hygiene
  - **Explain** the physical examination to the patient
  - **Exposure**: Upper body (**above the waist**)
  - **Position**: **45°**
  - Ensure the patient is **alert**, **conscious**, and **oriented** (to **place, person, and time**)
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## 2) General Inspection Right (side):

- Looks well or unwell
  - Comfortable
  - No attachments to **medical equipment**
  - No **obvious bulges** (e.g., pacemaker)
  - Not **cachectic or obese**
  - Not distressed or tachypneic
  - No abnormal **skin color** (e.g., pallor, cyanosis)
  - No petechial **rash**
  - No odours (alcohol, smoke)
  - Hoarseness
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## 3) Vital Signs:

- Blood pressure (BP)
  - Respiratory rate (RR)
  - Heart rate (HR)
  - Temperature
  - Oxygen saturation
  - Body Mass Index (BMI)
  - **Urinalysis**: Check for hematuria, glucosuria, and proteinuria
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## 4) Face:

- **General**:
  - No swelling
  - No abnormal color (e.g., plethora, cyanosis, pallor)
- **Eyes**:
  - No **xanthelasmata** (eyelids)
  - No **corneal arcus** (iris) — use a **torch** 🔦
  - No **petechial hemorrhages** (conjunctivae)
  - No pallor or jaundice
  - Horner's syndrome (Ptosis, Miosis, Anhidrosis"face" )
- **Mouth**:
  - No central or peripheral **cyanosis** (check under tongue and lips)

- No **glossitis**
- Good **dental hygiene**, no dental caries
- Normal palate arch (note: high-arched and narrow palate in Marfan syndrome)
- **Cheeks:**
  - No malar flush
- **Fundoscopy:**
  - Needed to assess for **diabetic** or **hypertensive** changes and **Roth spots**

## 5) Neck:

- No visible masses
- No visible veins
- No scars
- No lymphadenopathy (to be confirmed on physical exam)
- Normal thyroid gland
- **Jugular Venous Pressure (JVP):** 📏

### 1) Introduction:

(Refer to the steps mentioned in **Section 1**)

\***Position** the patient at 45 degrees, with pillow below the head and slightly turned to the left with adequate exposure



### 2) Inspection:

- Use a **torch** 🔦
- Observe rapid **inward movement**
- **Two peaks or waves per pulse**

### 3) Palpation:

- Ask about **tenderness**; **warm** hands **before** examination!
- JVP is **impalpable**, collapsing.

### 4) Manoeuvres:

- JVP disappears with **neck compression**
- Decreases with **inspiration**
- Increases with **expiration**
- Decreases when **sitting up**
- Increases when **lying flat**
- Positive **hepatojugular** “10-30sec” (abdominojugular) reflex = increased JVP

### 5) Measurement:

- Measure vertical height from the sternal angle to the top of visible pulsation
- **Add 5 cm** to this value
- **Unit: cm H<sub>2</sub>O**
- **Normal:** Less than 10 cm H<sub>2</sub>O, or <7mmHg



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## 6) Hands and Nails:

- Palms: **Janeway** lesions, **Osler** nodes, pallor, palmar erythema
- Dorsum: **Petechial rash**, **xanthomata**
- Check temperature (warm/cool), dryness or sweating
- Look for **tobacco staining** "Tar stain", cyanosis, **splinter hemorrhages**
- **Clubbing**: Follow the **4-step** method
- **IV** drug use sites
- **Tremor**: Fine or flapping
- **Capillary refill** (<2 seconds)
- 🖐️:

- **Pulse Palpation:**

Check 1**Rate**, 2**Rhythm**, 3**Volume**, and 4**Character**

Ensure **bilateral** comparison!

### A) Radial Pulse:

- Lateral to the flexor carpi radialis tendon
- Use **3** fingers, for **1 min**
- Example: Rate 85 bpm, regular rhythm, normal volume and character
- No **1**collapsing pulse, no **2**pulse deficit (>10 abnormal, **2** examiners), no **3**radio-radial or **4**radio-femoral delay, compressibility.



### B) Brachial Pulse:

- Medial to biceps tendon in the antecubital fossa
- Use **2** fingers
- Check for normal volume and character, compressibility
- \*\*🔔 Remember to mention: 'I will measure the patient's **blood pressure**.'🔔

### C) Carotid Pulse:

- At the angle of the jaw, anterior to the sternocleidomastoid muscle
- Use **2** fingers (**never palpate both sides simultaneously!**)
- Auscultate for **bruit** while the patient holds their breath
- \*\*🟡 Normal volume, Normal character (outward movement, one wave per pulse), No bruit.

### D) Femoral, Popliteal, Posterior Tibial, and Dorsalis Pedis Pulses:

- Mention them briefly
- Details to be covered in the Peripheral Vascular System (**PVS**) exam.....

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## 🔔 Finally, I would also examine:!

- **Lower limb edema**
- **Sacral edema**
- **Hepatomegaly**
- **Ascites**

- Lung bases (auscultation for crackles)
- Signs of Deep Vein Thrombosis (DVT)

 Don't forget to **thank** the patient at the end.

تم بحمد الله  
By: ayah freihat