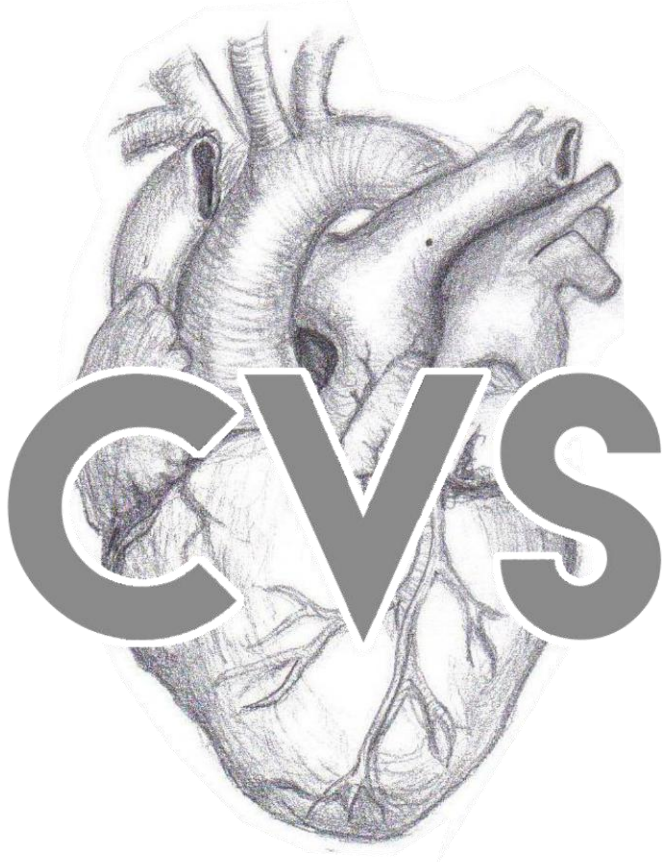

CVS

PHYSIOLOGY

☑ Sheet ○ Slide ○ Handout

Number

Lab 3.

Subject

CVS examinations.

Done By

Sara Zayadneh.

Corrected by

.....

Doctor

.....

Date: 00/00/2016

Price:

CVS examinations

→The patient should lie 45 degree, with exposure of the anatomic area between the upper chest to the umbilicus.

- ✓ CVS examinations include:
  1)) Inspection.
  2)) Palpitation.
  3)) Auscultation.
  ==========

Inspection

- ✓ By looking at patient chest, notice the following:
  * skin color (pallor \ cyanosis\ flashy \ ….).
  *normal respiration.
  *sweating.
  *obvious pulsation.
  *mid sternal scar → meaning previous open-heart surgery.
  *left sternal scar → meaning artificial pacemaker insertion.

  ==========

Palpitation

- ✓ Hand shaking >>> notice if there is sweating \ tremor \ fatigue \ peripheral cyanosis.

  - ❖ Pulsation of the upper limb:
    → Form distal to proximal:
    Radial artery >>> Brachial artery >>> Carotid artery.
    →Using only your index and the middle finger.

    Radial artery pulsation:
    ***Lateral to the flexor carpi radialis.

Brachial artery pulsation:

***Medial to the rounded tendon of biceps within the cubital fossa.

Carotid artery pulsation:

***At angle of jaw.

***At the first time→ palate at one side → then palate on the other side.

Apex beat:

***Fifth intercostal space, at mid clavicular line>>> same position of V4 chest lead.

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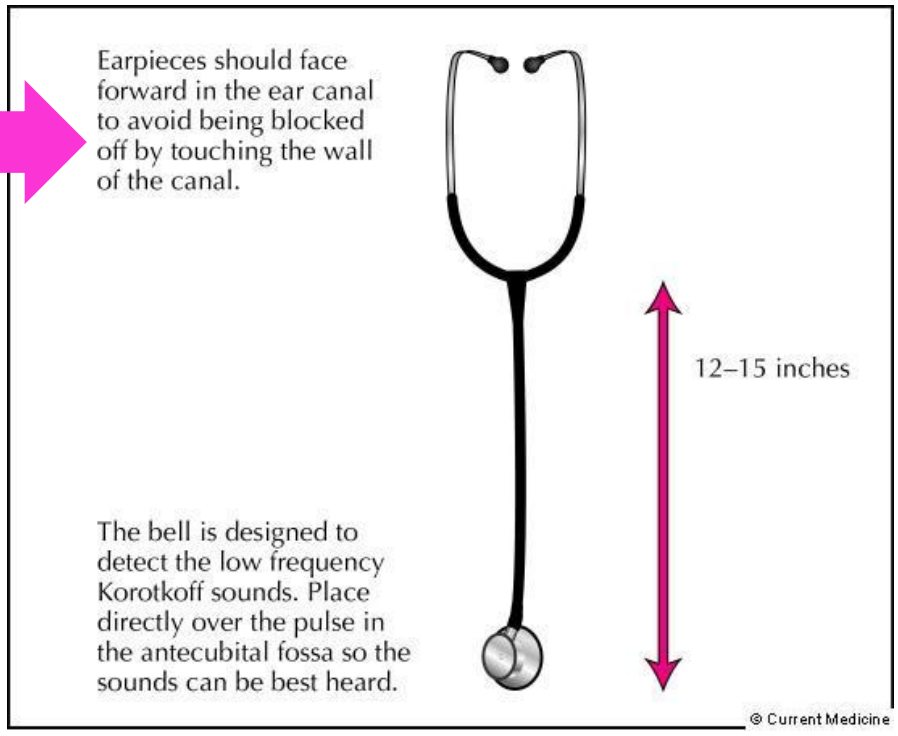
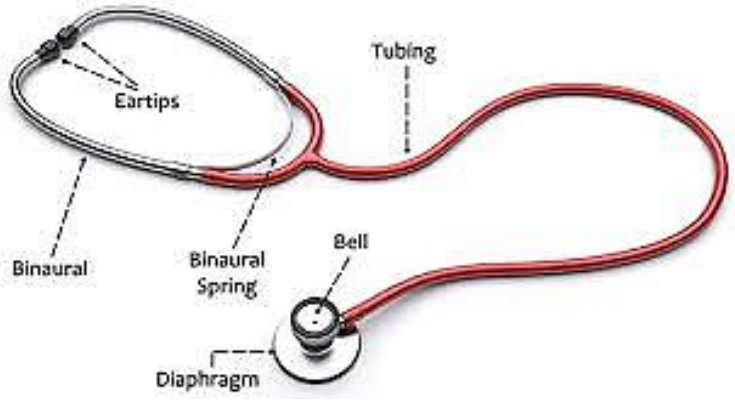
Auscultation

Stethoscope→

Important





→It has bell for hearing low sounds.

→It has diaphragm for hearing high sounds.

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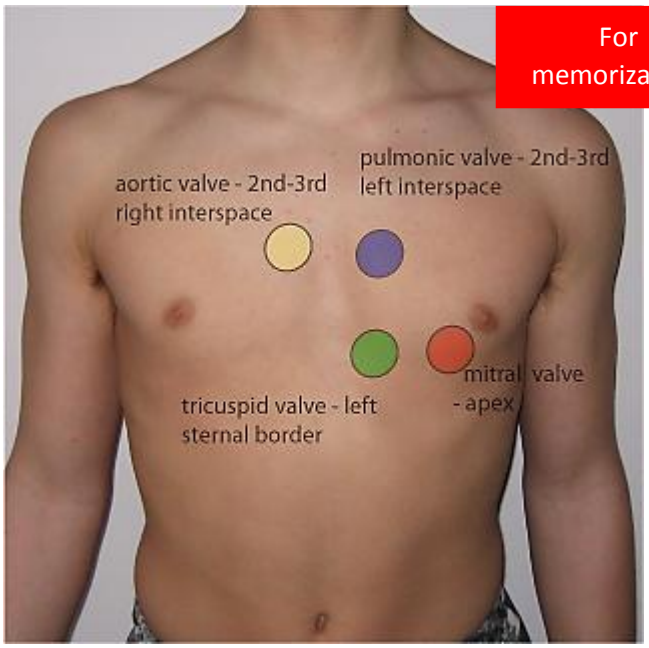
Heart Sounds

S1 → as a result of AV valve closure.

S2 → as a result of semilunar valves closure.



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Blood pressure measurement.

- Use a properly sized blood pressure cuff. The length of the cuff's bladder should be at least equal to 80% of the circumference of the upper arm.
- Wrap the cuff around the upper arm with the cuff's lower edge one inch above the antecubital fossa.
- Lightly press the stethoscope's bell over the brachial artery just below the cuff's edge. Some health care workers have difficulty using the bell in the antecubital fossa, so we suggest using the bell or the diaphragm to measure the blood pressure.
- Rapidly inflate the cuff to 180mmHg. Release air from the cuff at a moderate rate (3mm/sec).
- Listen with the stethoscope and simultaneously observe the sphygmomanometer. The first knocking sound (Korotkoff) is the subject's systolic pressure. When the knocking sound disappears, that is the diastolic pressure (such as 120/80).

END OF TEXT ☺ ☺ ☺