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CARDIOVASCULAR SYSTEM

INTRODUCTION

1. Name
2. Age
3. Sex
4. Handedness
5. Resident of
6. Education
7. Occupation
8. Informant
9. Reliability

CHIEF COMPLAINTS

1. Xxxxxx – Onset and course
2. Yyyyyy – onset and course
3. Zzzzzzz – onset and course

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H/O PRESENT ILLNESS

1. Chest Pain (Mnemonic – OLD CAARTS)
   a. Onset/location/duration/diurnal variation/Ch…….
   b. Associated with(Nausea/vomiting/photophobia/ phonophobia/ abnormal behavior/LOC /blurring of vision
   c. Red flag signs
   d. Preceded by aura
   e. Aggravated by/relieved by/timing/severity/
   f. Frequency (No of epis. in a day)/abn sweating

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g. Pain anywhere in the body/
h. Diurnal variation/progress/present status
j. NYHA Class

2. Palpitations
   a. Onset – Rest/exertional, Duration
   b. Regular/irregular
   c. Aggravated/relieved by
   d. Associated with
      i. Presyncope/syncope/sweating/anxiety
      ii. Post palpitations dieresis
   e. Progress/Present status
   f. NYHA Class

3. Dyspnoea
   a. Onset
   b. Progression
   c. Duration
   d. Rest same as for Palpitations
   e. Any Orthopnea/PND/Platypnea/Trepopnea
   f. Present status/NYHA Class

4. Easy Fatiguability
   a. Quantity and quality of the fatigue in terms of patient activity which he used to do before and now.
   b. Progress/Present status
   c. NYHA Class

5. Syncope and pre-syncope
   a. As Described in CNS

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6. Cough and expectoration/Hemoptysis
    a. As described in Respiratory system

7. Fever
    a. Onset/duration
    b. Continuous/intermittent/remittent
    c. Any evening rise
    d. Subsides on medication/not
    e. Chills/rigors
    f. Associated headache/bodyache/sweating

8. Anorexia and weight loss
9. Recurrent respiratory tract infections
10. Failure to thrive
11. Cyanosis
    a. Location – Sclera/lips/tongue/tip of nose/ear lobule/ finger/toes
    b. Onset
    c. Lasted for
    d. Relieved by
    e. Any associated pain/paraesthesias

12. Clubbing
13. Hoarseness of voice
14. Edema
    a. Onset
    b. Progress
    c. Extent
    d. Any involvement of UL/Abdomen/Face/Sacral

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e. Diurnal variation
f. Aggravated by/relieved by – Posture/activity/meals
g. Painful/painless
h. Any associated redness/discharge

15. Hematuria/oliguria/anuria/dysuria/recurrent UTI
16. H/O Rheumatic Fever
    a. Any joint pain/redness
    b. Subcutaneous nodules
    c. Involuntary movements

17. H/S/O Infective Endocarditis
    a. Joint pain/Petechiae/Puprpurae/ecchymoses
    b. Painful nodules over finger tips/Rash
    c. Hges under nail beds/discoloration of digits
    d. Prolonged fever/Pain abdo/Visual disturbance
    e. Hematuria

18. Bowel disturbance
19. TIA/FND/Seizures
20. History s/o hpo/hyperthyroidism
    a. Hypothyroidism
        i. Tiredness/weakness/dry skin
        ii. Cold intolerance/hair loss/memory loss
        iii. Hoarseness of voice/Constipation
        iv. Weight gain/Poor appetite
    b. Hyperthyroidism
        i. Heat intolerance/palpitations/fatigue
        ii. Increased appetite/weight loss

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iii. Tremor/restlessness/Hyperdefecation
iv. Loss of libido

21. CTD history

PAST HISTORY

1. DM/TB/HTN/Hansens/CAD/BA
2. Similar illness in the past
3. RHD History
    a. Joint pain/nodules/abnormal movt/rash
    b. Recurrent sore throat/penicillin prophylaxis
    c. Digoxin therapy
4. Blood transfusion/jaundice/Allergy
5. Childhood infections

PERSONAL HISTORY

1. Veg/Non veg/Well water drinking/food habits
2. Smoking/Tobacco/Alcohol/Substance abuse
3. Marriage/Children
4. High Risk behavior

MENSTRUAL HISTORY

1. Menarche/Cycles/Menopause
2. LMP/Post menopausal bleed
3. any surgery

FAMILY HISTORY

1. H/O similar illness in the family

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2. Socioeconomic status/Poverty/overcrowded place

TREATMENT HISTORY

1. Penicillin prophylaxis/digoxin/diuretics
2. Surgery/intervention

SUMMARY at the end of history.

1. D/D 1, 2, 3, 4……

GENERAL EXAMINATION

1. Conscious/oriented/cooperative/comfortably lying……..
2. Ht/Wt/BMI/Arm length/upper segment/lower segment/neck:ht ratio.
3. Pulse
   - Rate/rhythm/volume/character/peripheral pulses/R-R & R-F
   - Delay/pulse deficit/vessel wall/carotid bruit/shudder
4. BP
   - mm Hg/Rt Arm supine/No significant postural fall
   - Hills sign – UL and LL BP difference, Take all four limbs
5. RR – rate/rhythm/type
6. P/I/C/C/L/E
7. JVP – Height/waveform/prominent wave/H-J reflex
8. Peripheral signs of AR/IE/RF
9. Marfanoid features/WHR
10. Xanthoma/xanthelasma/Pseudoxanthoma elasticum/arcus senilis
11. Hypertelorism/low set ears/micrognathia/orange f…….
12. Telengiectasias/bronze discoloration/acanthoma nigricans
13. Features of hypo/hyper thyroidism
14. acromegaly/marfans features
15. Angioma/cutaneous angiomata/rash/petechiae/purpurae/ecchym.
16. Bed sores/genital ulcers

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17. Peripheral stigmata of TB/HIV
18. Scars/sinuses/lupus perenio/erythema nodosum/lipemia retinalis
19. Spine – K/S/KS

SYSTEMIC EXAMINATION

1. CVS

a. Inspection
   i. Chest wall symmetry/deformity/Precordial bulge
   ii. Apical Impulse – site/no. of spaces visible
   iii. Pulsation in precordium/epigastric/supraster./supracla.
   iv. Scars/sinus/dilated veins

b. Palpation
   i. Apical Impulse – site/no. of spaces visible/character
   ii. Palpable sounds/thrill in apical area
   iii. Palpable sounds/thrill in other areas
   iv. Parasternal heave
   v. Origin of epigastric pulsations (Ru…….)

c. Auscultation
   i. S1
   ii. S2 – A2/P2/loudness/split
   iii. S3/S4
   iv. OS/Ejection click/tumor plop/valve click
   v. Pericardial rub/knock
   vi. Murmur (Described below…later)

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2. RS

a. Chest wall symmetry
b. Trachea/resp movts/
c. Percussion
b. Air entry/Breath sounds/adventitious sounds/pleural rub

3. P/A

a. Distended/all quadrants moves equally with the respiration

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b. Soft/Non tender/organomegaly/free fluid/bowel sounds
c. Hernial sites/peripheral signs of liver failure

4. CNS

a. HMF/CN/Motor/Sensorycerebellar
b. EPS/ANS

Murmurs Description

1. Middiastolic Murmur

a. Low pitched/Rumbling/MDM
b. In Apex/with bell of stethoscope
c. With pt in left lateral position
d. Breath held in expiration
e. Assoc. with OS and presystolic accentuation
f. Duration of murmur
g. A2-OS gap
h. Increased by mild exercise (few rapid sit ups)

2. PSM IN MR

a. Grade 3/6
b. PSM/Apex/diaphragm of stethoscope
c. radiating to axilla
d. Increased by hand grip
e. reduced during strain phase of valsalva.

3. Seagull Murmur

a. In case of rupture of tendinae or primary involvement of posterior mitral leaflet, a murmur mistaken as AS murmur, radiating to base of heart.
b. Has a musical quality.

4. PSM in TR

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a. Left parasternal region
b. Increased by leg raising
c. well heard during inspiration
d. Grade 3/6

5. AS Murmur
   a. Grade 3/6
   b. Rough, rasping
   c. ESM (MSM)
   d. with diaphragm of stethoscope
   e. In aortic area/with pt sitting up/leaning forward
   f. Breath held in expiration
   g. Radiating to carotids
   h. Peaking of murmur/duration of murmur
   j. Dynamic auscultation

6. Graham Steel Murmur
   a. PAH leading to PR and murmur thereof.
   b. High pitched
   c. EDM with decrescendo blowing murmur
   d. Along left sterna border
   e. Increases on inspiration
   f. Associated with loud P2

7. MVP Murmur
   a. High pitched/systolic murmur
   b. Crescendo-decrescendo murmur
   c. Heard best in apex
   d. Associated with mid or late non ejection click.
   e. Click and murmur occurs earlier and is louder with
      i. Standing
      ii. Strain phase of valsalva
      iii. Any intervention that decreases LV volume
   f. Click and murmur is delayed and is decreased in intensity

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i. Squatting
ii. Isometric exercise
iii. Any intervention which increases LV volume

8. AR Murmur
   a. High pitched
   b. EDM with blowing and decrescendo character
   c. Best at 3rd Lt ICS along sterna border
   d. With diaphragm of stethoscope
   e. Pt sitting up and leaning forward
   f. Breath held in expiration
   g. Loudness of murmur/duration of murmur

NOTE
   a. Right sternal border heave – aneurysmal dilatation of aortic r.....

SUMMARY At the end of examination

DIAGNOSIS

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