Preperation:	
W	Wash Hands
I	Introduce Yourself + Patient's Identity
P	Permission
P	Patient Position + Pain
E	Explaination

Patient must be placed at 45°

General Inspection:

Check visually from the end of the bed:

- Discomfort at rest
- Tachypnoea
- Pallor
- Cyanosis
- Surgical Scars
- Medical paraphernalia (e.g. IV infusions)
- Consciousness

Examination of Hands:

Clubbing:	Place 2 fingernails together and look for Schamroth's sign	Chronic low blood-oxygen levels
Pale Creases		
Peripheral Cyanosis		
Nicotine Staining		
Splinter haemorrhages:	Small red lines on fingernails that look like a splinter	Tiny clots that damage small capillaries under the nails
Lesions on fingers:	Tender -> Osler's Lesion (O for ouch)) Not tender -> Janeway's Lesion	Endocarditis

Vitals:

Capillary Refill:	N<2secs	
Radial Pulse:	Identify **rate and rhythm** *Allow for at least 15 sec*	
	Compare both radial pulses for evidence of radial delay.	Mention checking for radial-femoral delay.
	Examine for collapsing pulse	Quickly raise patient's arm above their head while measuring their pulse.
Brachial pulse:	Both arms	
Femoral pulse:	Indicated if difficulty finding radial/brachial pulse	
Breathing Rate:	Should be examined immedately after taking radial pulse without informing the patient	
Blood Pressure:	Should be measured in both the right and left arms, standing and supine.	For DEM2 you only need to offer to check BP.

Examination of the Face:

Malar Flush:	Plum-red discol-ouration of the high cheeks	Associated with *mitral valve stenosis* due to the resulting CO2 retention and its vasodilatory effects

Examination of Eyes:

Anaemia:	Pale conjunctiva
Corneal Arcus:	Lipid deposits that appear as rings on the outer region of the cornea
Xanthelasma of hypercholesterolaemia:	Pale yellow lump near eyelid

Examination using fundoscopy should be done in patients with a history of diabetes, hypertension, or endocarditis

Examination of the Mouth:

Dental Hygiene:	Possible cause of bacterial endocarditis
Central Cyanosis:	Examine for blue tongue

Pulses:

Jugular venous pulse:	Located between the 2 heads of the SCM. Measured as cm of water above the sternal angle. Must remember to add 5cm to measured distance above sternal angle. Difficult to see, may require the use of a torch, abdomino-jugulo reflux can exaggerate the JVP in right sided heart failure.	***Patient must be placed at 45°***
Carotid pulse:	Examine both, however only one at a time to avoid the patient feeling faint. **Comment on character and volume**	*In patients over 50 you should listen for carotid bruits first.*

Chest Inspection:

Surgical scars, lift any fat/breast to check under
Check for any pacemaker, etc.
Visible apical pulsation
Audible prosthetic heart valve

Chest Palpation:

Apex Beat:	5th Intercostal space, left midclavicular line *Not always present*
Heaves:	Palpate using palm of hand
Thrills:	Palpate using finger tips

Chest Auscultation:

Begin at the apex (Mitral Area) and proceed towards the base of the heart.

Must be repeated with both diaphragm and bell.

S^1	Caused by the closing of the atrioventricular valves after blood has been pumped into the ventricles.
S^2	Caused by the closing of the aortic and pulmonary valves after the ventricles have contracted.
S^3, S^4	Third heart sound can be ***normal*** *(in a younger patient)* Fourth heart sound is ***always abnormal***

Check for radiation to carotid or axilla.

Carotid bruits:	Whooshing sound in the carotid, caused by non-laminar blood flow.

Patient should be manouvered to accentuate murmurs:

Forward in expiration for aortic regurgitation.

Left lateral position in expiration for mitral murmurs.

Heart sounds should be timed by palpating pulse while auscultating.

The interval between S^1 and S^2 is systole.

The interval between S^2 and the next S^1 is when the ventricles relax and are filled with blood, i.e. diastole.

Back of Chest:

Inspect chest wall for deformities/incisions	
Palpate for sacral oedema	
Auscultate lung bases for crepitations	Pulmonary Oedema

Examination of Feet:

Popliteal Pulses on both legs	
Dorsalis Pedis Pulses in both feet	
Posterior Tibial Pulses in both feet	
Inspect for Peripheral Oedema:	Press for 5sec behind the medial malleolus and feel for any indentation afterwards

Conclusion:

Thank patient and explain that the examination is finished
Sanitise Hands