

Cardiac Examination Checklist

Learnpediatrics.com - Written by Dr. R. Acedillo, modified by Dr. D. Louie

EXAMINATION	OSCE ITEMS	
Initial	Inspection <ul style="list-style-type: none"> <input type="checkbox"/> ABCs <input type="checkbox"/> Distressed? <input type="checkbox"/> Well vs unwell looking <input type="checkbox"/> Level of consciousness 	
General Appearance	Inspection <ul style="list-style-type: none"> <input type="checkbox"/> Body Habitus <input type="checkbox"/> Dysmorphic features Measure and Plot on Growth Chart <ul style="list-style-type: none"> <input type="checkbox"/> Weight <input type="checkbox"/> Height <input type="checkbox"/> Head circumference 	Vital Signs <ul style="list-style-type: none"> <input type="checkbox"/> Heart rate <input type="checkbox"/> Respiratory rate <input type="checkbox"/> Blood pressure <input type="checkbox"/> O2 Sat <input type="checkbox"/> Temperature
Inspection	Hands/wrists/fingers/toes <ul style="list-style-type: none"> <input type="checkbox"/> Clubbing <input type="checkbox"/> Cyanosis <input type="checkbox"/> Capillary refill Chest <ul style="list-style-type: none"> <input type="checkbox"/> Shape <input type="checkbox"/> Precordial bulge <input type="checkbox"/> Pectus carinatum/excavatum <input type="checkbox"/> Scars <input type="checkbox"/> Visible cardiac impulse <input type="checkbox"/> Increased WOB – tachypnea, intercostals indrawing, tracheal tug, head bobbing, nasal flaring HEENT <ul style="list-style-type: none"> <input type="checkbox"/> Eyes <ul style="list-style-type: none"> <input type="checkbox"/> Scleral icterus <input type="checkbox"/> Pallor 	<ul style="list-style-type: none"> <input type="checkbox"/> Mouth <ul style="list-style-type: none"> <input type="checkbox"/> Central cyanosis <input type="checkbox"/> Volume status <input type="checkbox"/> Neck <ul style="list-style-type: none"> <input type="checkbox"/> Accessory muscle use <input type="checkbox"/> Carotid auscultation and palpation <input type="checkbox"/> Rate, rhythm, volume, upstroke <input type="checkbox"/> Pulsus parvus et tardus <input type="checkbox"/> Waterhammer pulse/bounding pulses <input type="checkbox"/> JVP (often not done in children < 8 years) <ul style="list-style-type: none"> <input type="checkbox"/> Biphasic <input type="checkbox"/> Changes with position <input type="checkbox"/> Increases with AJR <input type="checkbox"/> Changes with respiration <input type="checkbox"/> Non-palpable <input type="checkbox"/> Obliterable
Peripheral Examination	Palpation <ul style="list-style-type: none"> <input type="checkbox"/> Radial, brachial and femoral pulses (rate, rhythm, volume, contour) <input type="checkbox"/> Brachial-femoral delay <input type="checkbox"/> Dorsalis pedis and posterior tibial pulses (rate, rhythm, volume, contour) 	
Precordium Palpation	Palpation <ul style="list-style-type: none"> <input type="checkbox"/> Apex <ul style="list-style-type: none"> <input type="checkbox"/> Position (5th ICS/MCL, size-quarter, duration, 2/3 systolic, pulsation) <input type="checkbox"/> Right ventricular heave/thrills <input type="checkbox"/> Palpate all 4 auscultatory areas 	<ul style="list-style-type: none"> <input type="checkbox"/> Liver (<2 cm BCM) <input type="checkbox"/> Spleen <input type="checkbox"/> Limb edema <input type="checkbox"/> Sacal edema
Auscultation	Auscultation of the Heart <ul style="list-style-type: none"> <input type="checkbox"/> All 4 valve areas <ul style="list-style-type: none"> <input type="checkbox"/> S1, S2, S3, S4 (bell, diaphragm) <input type="checkbox"/> Murmurs <input type="checkbox"/> Location of loudest sounds <input type="checkbox"/> Location of radiation of sounds (axilla, back, neck) <input type="checkbox"/> Maneuvers (bell, diaphragm) <ul style="list-style-type: none"> <input type="checkbox"/> Inspiration (right sided murmurs) <input type="checkbox"/> Isometric contraction (hand grip), squat stand, exercise (MVP) <input type="checkbox"/> Valsalva (HCM) <input type="checkbox"/> Left lateral decubitus (mitral valve stenosis) <input type="checkbox"/> Seated, leaning forward, exhaling (Ao, Pm) 	Auscultation of Lungs <ul style="list-style-type: none"> <input type="checkbox"/> Crepitations