



OSCE Checklist: Cardiovascular Examination

Introduction		
1	Wash your hands and don PPE if appropriate	
2	Introduce yourself to the patient including your name and role	
3	Confirm the patient's name and date of birth	
4	Briefly explain what the examination will involve using patient-friendly language	
5	Gain consent to proceed with the examination	
6	Adjust the head of the bed to a 45° angle	
7	Adequately expose the patient	
8	Ask if the patient has any pain before proceeding	
General inspection		
10	Inspect for clinical signs suggestive of underlying pathology (e.g. cyanosis, shortness of breath, pallor)	
11	Look for objects or equipment on or around the patient (e.g. walking aids, medical equipment)	
Hands		
12	Inspect the hands (colour, tar staining, xanthomata, finger clubbing)	
13	Assess and compare the temperature of the hands	
14	Assess capillary refill time (CRT)	
Pulses and blood pressure		
15	Palpate the radial pulse, assessing the heart rate and rhythm	
16	Assess for radio-radial delay	
17	Assess for a collapsing pulse	
18	Palpate the brachial pulse, assessing volume and character	
19	Offer to measure the patient's blood pressure in both arms	
20	Auscultate the carotid pulse	
21	Palpate the carotid pulse	
Jugular venous pressure (JVP)		
22	Measure the JVP with the patient positioned correctly	
23	Elicit hepatojugular reflux if appropriate	
Face		
24	Inspect the eyes for signs relevant to the cardiovascular system (e.g. conjunctival pallor, corneal arcus, xanthelasma)	
25	Inspect the mouth for signs relevant to the cardiovascular system (e.g. central cyanosis, angular stomatitis, high-arched palate, dental hygiene)	

Close inspection of the chest	
26	Inspect for scars, chest wall deformities and pulsations
Palpation	
27	Palpate the apex beat and assess position
28	Assess for a parasternal heave
29	Assess for thrills
Auscultation	
30	Auscultate the mitral, tricuspid, pulmonary and aortic valve with the diaphragm of the stethoscope, whilst palpating the carotid pulse.
31	Repeat auscultation of all 4 valves using the bell of the stethoscope.
32	Auscultate the carotid arteries using the diaphragm of the stethoscope whilst the patient holds their breath to identify radiation of an aortic murmur.
33	Sit the patient forwards and auscultate over the aortic area with the diaphragm of the stethoscope during expiration to listen for an early diastolic murmur caused by aortic regurgitation.
34	Roll the patient onto their left side and listen over the mitral area with the diaphragm of the stethoscope during expiration to listen for a pansystolic murmur caused by mitral regurgitation. Continue to auscultate into the axilla to identify radiation of this murmur.
35	With the patient still on their left side, listen again over the mitral area using the bell of the stethoscope during expiration for a mid-diastolic murmur caused by mitral stenosis.
Final steps	
36	Inspect the posterior chest wall for any deformities or scars
37	Auscultate the posterior lung fields
38	Palpate for sacral oedema
39	Palpate the patient's ankles for evidence of pitting oedema
40	Inspect the patient's legs for evidence of saphenous vein harvesting sites
To complete the examination...	
41	Explain that the examination is now finished to the patient
42	Thank the patient for their time
43	Dispose of PPE appropriately and wash your hands
44	Summarise your findings
45	Suggest further assessments and investigations (e.g. peripheral vascular examination, 12-lead ECG, urine dipstick, capillary blood glucose, fundoscopy)