



# 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		
9	Inspect for clinical signs suggestive of underlying pathology (e.g. cyanosis, shortness of breath, pallor)	
10	Look for objects or equipment on or around the patient (e.g. walking aids, medical equipment)	
Hands		
11	Inspect the hands (colour, tar staining, xanthomata, finger clubbing)	
12	Assess and compare the temperature of the hands	
13	Assess capillary refill time (CRT)	
Pulses and blood pressure		
14	Palpate the radial pulse, assessing the heart rate and rhythm	
15	Assess for radio-radial delay	
16	Assess for a collapsing pulse	
17	Palpate the brachial pulse, assessing volume and character	
18	Offer to measure the patient's blood pressure in both arms	
19	Auscultate the carotid pulse	
20	Palpate the carotid pulse	
Jugular venous pressure (JVP)		
21	Measure the JVP with the patient positioned correctly	
22	Elicit hepatojugular reflux if appropriate	
Face		
23	Inspect the eyes for signs relevant to the cardiovascular system (e.g. conjunctival pallor, corneal arcus, xanthelasma)	

24	Inspect the mouth for signs relevant to the cardiovascular system (e.g. central cyanosis, angular stomatitis, high-arched palate, dental hygiene)	
<b>Close inspection of the chest</b>		
25	Inspect for scars, chest wall deformities and pulsations	
<b>Palpation</b>		
26	Palpate the apex beat and assess position	
27	Assess for a parasternal heave	
28	Assess for thrills	
<b>Auscultation</b>		
29	Auscultate the mitral, tricuspid, pulmonary and aortic valve with the diaphragm of the stethoscope, whilst palpating the carotid pulse.	
30	Repeat auscultation of all 4 valves using the bell of the stethoscope.	
31	Auscultate the carotid arteries using the diaphragm of the stethoscope whilst the patient holds their breath to identify radiation of an aortic murmur.	
32	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.	
33	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.	
34	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.	
<b>Final steps</b>		
35	Inspect the posterior chest wall for any deformities or scars	
36	Auscultate the posterior lung fields	
37	Palpate for sacral oedema	
38	Palpate the patient's ankles for evidence of pitting oedema	
39	Inspect the patient's legs for evidence of saphenous vein harvesting sites	
<b>To complete the examination...</b>		
40	Explain that the examination is now finished to the patient	
41	Thank the patient for their time	
42	Dispose of PPE appropriately and wash your hands	
43	Summarise your findings	
44	Suggest further assessments and investigations (e.g. peripheral vascular examination, 12-lead ECG, urine dipstick, capillary blood glucose, fundoscopy)	