

\*\*\*\*\*CASE SHEAT OF HISTORY TAKING ART \*\*\*\*\*;

\*\*\*AIMING : PHYSICIAN –PATIENT FRIENDLY CONTACT /SYMPTOMS COLLECTION.

TO ILLUCIDATE:

\* PATIENT CRITERIA: NAME/AGE/SEX/GENDER/ RESIDENCE / OCCUPATION.

\*CHIEF COMPLAINT:THE REASON OF REFERRAL /ADMISSION /CONSULTATION : THE MOST : FEARED /THE MOST FRANK/ THE MOST DISTRESSING /THE EARLAIEST /THE MOST PROLONGED/ THE MOST SERIOUS .

\*ONSET /DURATION: SUDDEN/ ACUTE /SUBACUTE / PREGRESSIVE-INSIDIOUS-CHRONIC.

\* PRESENT HX.:THE CHRONOLOGICAL STORY OF CHIEF COMPLAINT/ ITS ASSOCIATED AND RELATED SYMPTOMS THAT BELONGE TO THE SAME PRESUMED AFFECTED SYSTEM.

\*SYSTEMIC REVIEW: ASSOCIATED BUT UNRELATED SYMPTOMS/BELONG TO OTHER SYSTEMS, IF AFFECTED.

\*PAST MEDICAL HX.: PREVIOUS MEDICAL DISEASES, REGARDING: DIAGNOSIS, INVESTIGATIONS, HOSPITALIZATIONS/EMERGENCY ROOM VISITS.

\*PAST SURGICAL HX .SAME AS ABOVE, BUT ABOUT CERGICAL DISEASES.

\*HOSPITALISATION HX.: TIMING /DURATION/ FREQUENCY/INDICATION/ STATE AT DISCHARGE.

\*DRUG HX.: NAME/ FAMILY/ DOSE /FREQUENCY/ INDICATION/DURATION/ COMPLIANCE/ SIDE EFFECT/

\*DIET HX.:OVER OR UNDER NEUTRITION/ GROUP OF DEFFECTED ITEM/CAUSE/DURATION/CONSEQUENCES.

\*SOCIAL HX.:SM: SMOKING/ DRINKING/DRUD ADDICTION/ MARIATAL STATUS/NUMBER OF CHILDREN/FINANCIAL STATUS/RECIDANCE STATUS/HOBBIES.

\*MENSTRUAL HX: AMOUNT/ FREQUENCY /REGULARITY/ TIME OF MENARCHE/ASSOCIATED SYMTOMS

\*OBSTETRIC HX : DELIVERY: TYPE/FREQUENCY /COMPLICATIONS/ACTION.

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\*\*\*CARDINAL SYMPTOMS -:

\*CARDIOVASCULAR: DYSPNEA/ CHEST PAIN/ PALPITATION/ LEG SWELLING/SYNCOPE/ LEG PAIN/RESPIRATORY : COUPHING/EXPECTORATION/ WHEEXING/STRIDOR/

\*GIT.: DIARRHEA/ CONSTIPATION /OBESTIPATION/ BLEEDING PER RECTUM /HEMATEMESIS/ MELENA/ HEMATOSCHEZIA/ABD. PAIN/ YELLOWISH DISCOLORATION OF EYES/ABD, DISTENSION.

\*URINARY:DYSUREA/HEMATURIA/LOIN PAIN/ SUPRAPUBIC

PAIN/OLIGUREA/NOCTURIA/POLYUREA/FREQUENCY/DELAYED INITIATION/WEAK STREAM/  
DRIPPLING/DOUBLE VOIDING/A

\*MALE REPRODUCTIVE SYSTEM:IMPOTANCE/ PREMATURE EJACULATION/WEAK ORGASIM/FERTILITY/  
URETHRAL DISCHARGE

\*FEMALE REPRODUCTIVE SYSTEM:AMENORRHEA/FERTILITY/DYSMENORRHEA/VAGINAL  
DISCHARGE/VAGINAL ITCHING/ GALACTORRHEA.

\*NERVOUS SYSTEM :HEMIPLEGIA /HEMIPARETIS /PARAPARETIS /QUADRIPARETIS /DYSPHASIA /  
AMNESIA/DYSARTHRIA/VISUAL LOSS/VERTIGO/IMBALANCE/CONVULSION/ TREMOR/ INVOLANTARY  
MOVEMENTS/DISTAL PARESTHESIA/HAND PARESTHESIA/HEADACHE

\*LOCOMOTER: JOINT PAIN/ JOINT SWELLING/BACK PAIN/CERVICAL PAIN/APHTOUS  
ULCERATIONS/UNEXPLAINED RED PAINFUL EYES/ PHOTOPHOBIA

\*HEMATOPOEITIC SYSTEM:EASY FATIGUAIBILITY/ BLEEDING  
TENDENCY/EPISTAXIS/ECCHYMOSIS/PURPURA/PETECCHAE/RECURRENT UNEXPLAINED  
INFECTIONS/UNEXPLAINED WEIGHT LOSS/

\*SKIN: PRURITUS/ URTICARIA/ANGIOEDEMA/ RASH/ALOPECIA/BULLAE

\*PSYCHIC STATUS:MOOD CHANGE/ HALLUCINATION/

\*\*\*HX. IN SUSPECTED CANCER: WEEGHT LOSS/ ANOREXIA/VOMITING/ UNEXPLAINED  
INFECTIONS/ANEMIA/ BLEEDING TENDENCY/CHANGE IN BOWEL HABIT/ FAMILY HX./CHANGE IN  
COUGHING/ HEMOPTYSIS/ NEW PAIN/ CHANGE IN MOTOR OR SENSORY FUNCTION/NOCTURNAL  
HEADACHE./UNEXPLAINED SWELLING/UNEXPLAINED OBSTRUCTION

\*\*\*HX. IN SUSPECTED INFECTION: FEVER( DURATION/ TYPE/NOCTURNAL/ASSOCIATED SWEATING/  
RIGOR/ CHILLS)/ RECIDENCE IN ENDEMIC AREAS/ OCCUPATION/HOBBIES/IMMUNE STATUS/

\*\*\*\*\*PHYSICAL EXAMINATION:\*\*\*\*\*

SCANNING==VITAL SIGNS==CARDIOVASCULAR SYSTEM==RESPIRATORY SYSTEM==GASTROINTESTINAL  
SYSTEM==GENITOURINARY SYSTEM==NERVOUS SYSTEM==LOCOMOTER SYSTE==HEMOPOEITIC  
SYSTEM/LYMPH-RETICULAR SYSTEM==SKIN/ TAGS ==PSYCHIC STATUS==DISEASES NOT CONFINED TO A  
CERTAIN SYSTEM: INFECTIONS/ MALIGNANCY/ PSCYCHIATRIC .

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\*\*\*CARDINAL SIGNS:

\*CARDIOVASCULAR SYSTEM: SHOCK SIGNS/ABNORMAL RADIAL PULSE/ CENTRAL CYANOSIS/USING  
ACCESSORY RESP, MUSCLES/SUBCOSTAL , INTERCOSTAL RECESSION ABNORMAL PRECORDIUM/  
ABNORMAL JVP./SYSTEMIC HT./ABNOMAL PERIPHERAL PULSES/EXTREMITY GANGRENE/

\*RESPIRATORY SYSTEM: TACHYPNEA /CENTRAL CYANOSIS/ CLUBBING /ABNORMAL CHEST WALL/  
ABNORMAL CHEST EXPANSION/ ABNORMAL CHEST PECUSSION NOTE/STRIDOR/ABNORMAL BREATH  
SOUNDS /ADDED RESPIRATORY SOUNDS/DEVIATED TRACHEA/ FLAPPING TREMER /

\*GIT: JAUNDICE/ ASCITES /FLAPPING TREMER/TELEANGIACTASIA/PRURITUS/ECCHYMOSIS/ ABD.  
TENDENESS/ HEPATOMEGALY /SPLENOMEGALY/ CLUBBING/

\*RENAL : HT. / PALLOR/HYPERPIGMENTATION/LEG SWELLING/PURITUS/ MUSLE ATOPHY/ FLAPPING  
TREMER/ TWITCHING/LOIN TENDERNESS/ SUPRAPUBIC TENDERNESS/

\*NERVOUS SYSTEM: ABNORMAL LEVEL OF CONSCIOUSNESS/ ABNORMAL CRANIAL NERVE  
EXAMINATION /ABNORMAL MOTOR SYSTEM/ ABNORMAL SENSORY SYSTEM /ABNORMAL  
REFLEXES/ABNORMAL GAIT/NECK STIFFNESS

\*LOCOMOTOR SYSTEM: JOINT SWELLING/ JOINT TENDERNESS/ LIMITATION OFJOINT MOVEMENT  
RANGE/JOINT CREPITUS/LOCKED -IN JOINT/JOINT DEFORMITY /SPINE DEFORMITY/RAYNAUDS  
PHENOMENA/ TELENGIACTASIA/ RED PAINFUL EYE

\*HEMAPOIETIC SYSTEM-LYMPHORETICULAR SYSTEM: PALLOR/ ECCHYMOSIS/ PURPURA/  
PETECHAE/LYMPHADENOPATHY/ SPLENOMEGALY/ HEPATOMEGALY

\*SKIN: SKIN RASH (TYPE/ DESTRIUTION/BORDER/ COLOR/ SURFACE/SYMMETRY/GROUPING)/ PRURITIC  
MARKINGS/ SKIN INTEGRITY/ ONYCHOLYSIS/ ALLOPECIA /

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\*\*\*SYSTEM RELATED INVESTIGATIONS:

\*CARDIOVASCULAR : ECG/ ECHO- DOPPLER /EXERCISE STRESS TEST/HOLTER AMBULATORY  
ECG./ARTERIOGRAPHY / BIOCHEMISTRY/ MAGNETIC RESONANCE ANGIOGRAPHY

\*RESPIRATORY: CXR/ PULMONARY FUNCTION TEST/ PULSE OXYMETER/DOPPLER

\*GIT.: GSE./ABD, US./BIOCHEMISTRY/ OGD./ COLONOSCOPY /ERCP./JEJUNAL BIOPSY/MRI ABD. WITH  
CONTRAST./ LAPAROSCOPY/ LIVER BIOPSY

\* RENAL : GUE./ABD, US./ KUB./ IVU./ CYSTOSCOPY/ URODYNAMICS/ BIOCHEMISTRY/URINE CULTURE

\*NERVOUS SYSTEM: CT. /MRI /CSF. ANALYSIS/EMG./NCS./ BIOCHEMISTRY

\*LOCOMOTER SYSTEM: X-RAY/ BIOCHEMISTRY/.ESR/ CRP./MRI./

\*HEMATOPOIETIC SYSTEM: CBP. /BLOOD FILM /BONE MARROW ASPIRATION- BIOPSY/ LUMPH NODE  
ASPIRATION-BIOPSY/ X-RAY

\*SKIN: LESION SCRAPINGS- STAINING/ BIOPSY- STAINING /PUVA.

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**\*\*\*TIPS IN CLINICAL APPROACHING ART:**

\*APPROACH= RELATED: HISTORY+P/E+INVESTIGATIONS, IN TWO ASPECTS: ITS CONFORMATION, AND EXCLUDING THE RELATED DDx.

\*5 CRITERIA ARE NEEDED IN HISTORY TO REACH MOST APPROPRIATE CLINICAL DIAGNOSIS( GATE THEORY): THE GATE/ ONSET/ASSOCIATED OTHER RELATED SYMPTOM/PATIENT CRITERIA/ RELATED PREDISPOSING FACTOR.

\*START WITH THE PATIENT WORDS, THEN YOU, ONLY YOU ,GUIDE THE HISTORY TAKING, ACCORDING TO THE KNOWN QUESTIONNAIRE OF THE GATE/ CHIEF COMPLAINT.\*END OF THE HISTORY TAKING , IS THE START OF THE FIRST DIFFERENTIAL DIAGNOSIS,DDx .

\*END OF THE PHYSICAL EXAMINATION, IS THE START OF THE SECOND DIFFERENTIAL DIAGNOSIS(A GROUP OF THE FIRST DDx.).

\*END OF THE RELATED INVESTIGATIONS, IS THE START OF THE THIRD DDx(A PART OF ALLY IS THE FINAL Dx.

\*START YOUR PHYSICAL EXAMINATION , ONLY WITH ORIENTED DDx. FROM THE HISTORY TAKING, DON'T START A BLIND EXAMINATION.

\*START YOUR PLAN OF INVESTIGATIONS,ONLY WITH ORIENTED DDx.,FROM PHYSICAL EXAM.,DON'T START A BLIND INVESTIGATION.

\*DON'T BE TEMPTED, AND MISGUIDED BY A CERTAIN SUGGESTED DIAGNOSIS ,WITHOUT BASIS IN HISTORY , AND RELATED EXAMINATION,EVEN IF ONE SYMPTOM ACCORDS WITH IT

\*DON'T BE MISGUIDED BY THE PATIENT OR HIS COMPANION, ESPECIALLY THOSE WITH CHRONIC DISEASES, OR MULTIPLE VISITS TO HOSPITAL, ER,OR CLINICS.

\*APPROACHING ALL PATIENTS: START WITH TWO RELATED QUESTIONS : CHIEF COMPLAINT/ GATE , AND ITS ONSET OF DEVELOPMENT( SUDDEN/ ACUTE/ SUBACUTE/ CHRONIC ,OR PROGRESSIVE).

\*APPROACHING A PATIENT WITH CHRONIC DISEASES, ALWAYS, END WITH : WHAT IS THE SPECTRUM OF ITS COMPLICATIONS.

\* APPROACHING A PATIENT IN EMERGENCY ROOM, ER.,ALWAYS, AFTER THE GATE/ ONSET COMPOUND, START WITH : VITAL SIGNS EXAMINATION, AND ITS RECORDING.

\* A DIAGNOSIS FROM FIRST DDx. IS A SUGGESTED ONE, SHOULD BE SOLIDIFIED BY A RELATED CONFIRMING TWO PHYSICAL SIGNS , OR A ONE WITH A RELATED INVESTIGATION.

\*THE FIRST AIM OF TREATING THE PATIENT : IS TO NOT HARM,THEN TO GET USE OF IT.

\* IN APPROACHING A PATIENT WITH NO SPECIAL PROVED DIAGNOSIS: SOMETHING IS MISSING( Hx./ PE./INV.), MOSTLY A PIECE OF HISTORY IS MISSING ,( BY THE DOCTOR NOT BY THE PATIENT).

\*IN SELECTING CERTAIN INVESTIGATIONS: START WITH : THE MOST AVAILABLE, NON EXPENSIVE , AND NON –INVASIVE ONES.

\*IN SELECTING CERTAIN TREATMENT; START WITH: THE MOST AVAILABLE, NON EXPENSIVE . AND NON-INVASIVE ONES.

\*IN MAKING A LIST OF DDx., ALWAYS WITH COMMON DISEASES, BEFORE THE RARE ONE, EVEN IF THE PRESENTATION WAS TYPICAL( FOR A PRESUMED RARE ONE).

\*IN APROACHING ANY PATIEN, ANY WHERE( CONSULTATION ROOM/ ER. /CCU./RCU./ ICU...)ALWAYS RECORD YOUR APROACH(BREIFING OF RELATED SYMPTOMS/SIGNS), ENDING WITH YOUR FIRST AND SECOND DDx., YOUR PLAN OF INVESTIGATION, AND TREATMENT. THIS IS THE ONLY PLAN FOR:SELF TEACHING.

\*THERE IS NO MEDICAL, SURGICAL ,GYNECOLOGICAL ,OBSTETRIC, OR PEDIATRIC CASES. ALL ARE ESSENTIALLY MEDICAL CASES IN THEIR APROACH, BUT DIFFER AND DEVIATE IN THEIR TREATMENT PLAN.

\*THE DIFFERENCE IN HISTORY TAKING OF THE THIRD DEGREE AND SIXTH STAGE CANDIDATE; IS IN NUMBER AND SPECTRUM OF DDx.(MORE EXTENDED IN THE LATTER(. THE SAME IS TRUE IN PHYSICAL EXAMINATION, AND INVESTIGATIONS.

\*THE DIFFERENCE IN APROACHING A PATIENT BETWEEN MEDICAL STUDENT, AND THE PHYSICIAN IS THE ART OF CONNECTING THE THREE ARMOURS OF APROACH, AND THE TREATMENT PLAN.

\*THE DIFFERENCE BETWEEN THE MEDICAL STUDENT AND THE NURSING STAFF : IS THAT THE EARLIER COLELATES THE FINDINGS WITH THE OTHERS, THE LATTER IS NOT.

\* TO EXAMINE THE PATIENT:START WITH THE FIRST DDx, EXTRUDED FROM THE HISTORY TAKING, THEN SELECT THE SUSPECTED AFFECTED SYSTEM, THEN DEVIDE THAT SYSTEM INTO DIFFERENT REGIONS, AND EXAMINE THEM SERIALY,PUTTING IN YOUR MIND THE FIRST DDx ( DYNAMIC APROACH).

\*THE SECRETS IN PERFECTING THE ART OF HISTORY TAKING AND PHYSICAL EXAMINATION: ARE TWO: THE FIRST :THE REPETITION, ADDING THE MISSED PIECES, IN THE FOLLOWING TRIAL, TILL ITS PERFECTION( ERROR AND TRIAL PRINCIPLE). THE SECOND: ITS DOCUMENTATION,EVEN IN ITS IMPERFECT EARLIER STAGES( HOPING TO BE PERFECTED LATER).

\*THE DIFFERENCE BETWEEN CLINICAL TEACHING AND THE THEOROTICAL TEACHING IS THAT BY THE EARLIER , YOU FIND/FORMULATE/ DRAW/ A DIAGNOSIS WHITCH WAS NOT FOUND BY OTHERS;WHILE IN THE LATTER,THE DIAGNOSIS IS ALREADY FOUND.

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\*\*\*ELLUCIDATION OF CARDIAC SIGNS

\*\*\* PRECAURDIAL EXAMINATION

(SEQUENCE: ACCORDING TO DIFFICULTY- OTHERWISE: IS REVERSED )

\*\*\*CARDAC AUSCULTATON

AS A CLINICAL TEACHING , STARTS WITH : AUSCULTATION, MOST COMPLICATED,LEAST INFORMATIVE:

1. MURMERS: IS THERE ANY ? BEFORE STUDYING HEART SOUNDS. DON'T SAY THERE IS NO MURMER , UNTIL PERFORMING ,SPECIAL POSTURE.

• IF PRESENT: ANSWER THE FOLLOWING:

1. TIMING: SYST. /DIAST./ CONTINUOUS /COMBINED( TO & FRO)( RARE)

• TO DETERMINE ITS TIMING: LISTEN TO S1&S2

IF M. IS BETWEEN THEM ---ITS SYSTOLIC

IF M OUT SIDE THEM/ AFTER S2----ITS DIASTOLIC

IF M. SPAN ALL INTERVALS /NO FRANK HSs HEARD ---- MACHINERY M(CONTINUOUS M)

\*SM= MR- TR -AS-PS -VSD- COARCT. -FLOW M OF ASD(AT PULM. REG.)—INNOCENT M.

\*DM. = MS—AR—PR( GRAHAM-STEEL -)

\*CONT. M= PDA

2.DURATION: NOT IMPORTANT(EJECTION SM. -PAN SM.)

3 .LOUDNESS/ PITCH/GRADE: LOUD( EASILY AUDABLE )( +- THRILL) ----SM. OR CONT M.

FAINT( DIFF. TO LISTEN)----SM . OE DM.---NEEDS ANOTHER CLUE TO DIFF.

4. MAX. POINT OF INTENSITY: MOST IMP. STEP:--FOR SM

DM. -IS LOCALISED—IS NOT DIFFUSE.

AT APICAL REG.---MR

AT LT. PARASTERNAL REG.---TR

AT PULM .REG.---PS /FLOW M. OF ASD

AT AORTIC REG ----AS

DIFFUSE -IN MOST REG.---VSD

5. RADIATION: SM—RAD. INTO LT. AXILL REG.---MR( TR SM. IS NOT RAD.)

SM. -RAD INTO RT. BASE OF NECK----AS( SM. OF PS . IS NOT RAD)

DM. ----NOT RAD.---BUT, LOCALIZED.

6. QUARACTURE: FOR EACH M .:

RUMBLING/FAINT/ LOCALIZED /DM....AT APICAL ----MS HARSH / LOUD/ AT AORTIC REG /SM/RAD INOT RT .NECK----AS SEA-GULL /APICAL /SM-----MR, MVP( MITRAL VAL.

PROLAPSE) HISSING/FAINT/ LOALIZED/AT AORTIC REG./ DM-----AR.

BLOWING: LEAST DIFFERENTIATING----BLOWING/APICAL/LOUD RAD INTO LT. AXILL ----MR

BLOWING /LPS REG./SM./ NO RAD. / LOUDER WITH INSPIRATION ----TR

BLOWING/ PULM. REG/ SM./ NO RAD. ----PS ( OR ASD WITH FLOW M)

BLOWING/ SM./ DIFFUSE ----VSD.

7. SPECIAL POSTURE ---FOR DM (MS—AR --MVP.)

MS?---LT. LAT. DECUBITUS AR?-- LEANING FORWARD MVP?---NEGLECT IT.

ALL -WITH DEEP INHALATION -EXHALAION—CESSATION OF BREATHING---LISTEN TO DM.

\*\*\*\*HSs.---- SEQUENCE----ABNORMAL S1./S2 >>ADDED Ss.( GALLOPING / CLICK/ RUB)

S1 LOUD?--- MS S2 LOUD?--- PHT( PULMN. HT.

NO AUDBLE HSs / SHOCKED PAT.----CARDAC TAMPONADE

GALLOPNG ==HEART FAILURE –ACUTE.(NEW=deNAUVOUX / A. ON CH. )---LT. OR RT. HF .  
 CLICK---SYST.---MR==MVP.( YOUNG /+\_ MR.) CLICK---MEDIAN STERNOTOMY SCAR  
 ==PROSTHETIC VALVE( REPLACNG S1?==MIITRAL PROSTH // REPLACING S2? ==AORTIC PROSTH.)  
 RUB: 1-PERICARDIAL ( PERICARDITIS / +\_ PERICARDIAL EFFUSION )/ IN : POST MI / VIRAL  
 PERICARDITIS / TB. PERICARDITIS /UREMIC PERICARDITIS/ POST RADIATION)  
 2. PLEURAL : CESSATION OF RUB IF NO MORE BREATHING / PERICARDIAL RUB: STILL HEARED

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\*\*\* CARDAC PALPATON

SEQUENCNG:

1. APCAL REG.---FOR APCAL IMPULSE :

1. CHARACTER: ELEVATNG YOUR PALPATG FNGERS? ----HEAVNG( OR SUSTANED – IF HEAVNG + STAY ELEVATNG FOR A WHILE)

\*\*\*HEAVING / SUSTAINED APICAL IMPULSE == HT./ AS./ HCMP./ MR—OR AR ,,IF CHRONIC & SEVERE

\*\*\* SUSTAINED== MORE SEVERE CAUSES -THAN HEAVING.

2. THRILL... SYSTOLIC: / APICAL ==MR.

\*\*\*SITES OF SYST. THRILLS APICAL= MR ,,,LPS. = TR ,,,,PULM REG.=PS/TOF/ PDA/ COARCTATION,,,

AORT. REG. =AS,,, RT. BASE OF NECK =AS( RADIATING BRUIT)

3. SITE : BEYOND 5 TH I CS. &/OR LAT. TO MID-CLAV. LINE ---- DEVIATED AP. IMP.

4. SIZE : > THUMB NAIL ----DIFFUSE

\*\*\*DEVIATED== DILATED LV.

\*\*\*DIFFUSE === DILATED LV.

\*\*\*DILATED LV. === POST –MI .HF. / CHRONIC& SEVERE MR or AR / DCM

5. SPECIAL POSTURE –LT . LAT. DECUB....AFTER DEEP INSPIRATION & EXHALATION-----FOR----

SYST. THRILL? / CHARACTER OF AP. IMP. /SIZE OF AP. IMP.-----

2 . LETT PARASTERNAL REGION: L P S . REG---FOR----RV. & TV.----LPS. HEAVING ==RV H,,,, LPS. SYST. THRILL= TR.

\*\*\*RVH.=== PHT.( PRIM PHT—PPH-----.–OR ---SECONDRYPHT.)

\*\*\*SECONDR .PHT. ==COR PULMONALE( COPD/ EXTENSIVE PTB./ BRONCHIACTASIS/ CYSTIC FIBROSIS/DIAPHRAGMATIC PARALYSIS)//SEVERE MR &/OR MS./ ADVANCED DCM.

\*\*\* CH. PHT. SIGNS = RV . HEAV /LPS. SYST THRLL/ S2 LOUD /JVP. ELEVATED /HEPATOMEG./ PPRETEBAL PITTIG OEDEMA( MILD)

\*\*\*ACUTE PHT. == SYST .THRILL AT LPS REG – JVP. ELEVAT. –NO HEPATOMEGALY—NO HEAVING LPS .REG.—NO PITTING OEDEMA –IN SHOCKED STATE---

3 PULM REG----FOR PULM. ART.& PV.-----PULM. REG. SYST. THRLL ==PS.

-----PULM. REG. HEAVING==PHT..CHRONIC  
----- LOUD S2 == PHT.. CHRONIC

- 4. AORT REG. --- FOR AV. ONLY .....AORT SYST. THRLL== AS.
- 5. RT. BASE OF NECK ----FOR AS. -----SYST BRUT....AS ( RADIAT.)

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\*\*\*\*CARDIAC INSPECTION\*\*\*\*

.... POSTURE --- ORTHOPNEA( SEVERE LV F.—SEVERE BRONCHOSPASM---SEVERE RESP. FAILURE,CHRONIC OR ACUTE)-BLUE BUTTER / PINK PUFFER.

----TACHYPNOEA---DYSPTNOIC SIGNS( SUBCOSTAL RECESSION—MOUTH BREATHING—SHALLOW BREATHING—OPENING OF ALLA NASAIE---O2 DEPENDENT—CENTRAL CYANOSIS—LOW OXYMETRY < 92 % CONFUSION—LIMITED CHEST EXPANSION-CANT COMPLETE ONE SENTENCE)

----CHEST SHAPE(BARREL-PECTUS CARINATUM—PECTUS EXCAVATUM—SCOLIOSIS---KYPHOSIS-

--- GYNECOMASTIA( DIGOXIN- ALDACTONE —ESTROGEN HORMONAL THERAPY-ANTI TESTOSTERONE THERAPY- OBESITY)

.... SCAR...( CABG—PROSTHETIC VALVE —VALVULOPLASTY—COGENITAL HD.

CORRECTION ---THORACOTOMY —WAR INJURY —PACEMAKER &RELATED---CHEST TUBE —( OLD: WHITE/ RECENT: RED)

--- VISIBLE VEINS...SVC. OBST. ---SUBCLAV V OBST. CHRONIC-(OEDEMATOUS ARM : PACEMAKER IMPLANTATION /AXILLARY LN. METASTASIS FROM CA. BREAST)

---VISIBLE PULSATIONS---APICAL= LV DILATION,,, LPS. =RV DILATION OR RVH.

---NECK —RT SIDE..FOR....JVP.ESTIMATION

-----CORRIGAN SIGN—AR..SEVERE /CHRONIC

-----JUGULAR VEIN ..DILATED—NON WAVY SVC. OBSTR.

-----JUGULAR VEIN DILATED, WAVY.= TR, SEVERE, CHRONIC

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-----RADIAL PULSE EXAMINATION---

1-PULSE RATE:TACHY-BRAY —WITHIN NORMAL RANGE

TACHY: SINUS(BELOW 150, AT REST )-SVT-AT.-VT —AF.

\*\*\*S. TACHY : IN: FEVER —ANEMIA —HYPOTENSION-HF.-PAIN —ANXIETY —HYPOXIA —THYROTOXICOSIS.

\*\*\*SVT.:1- AVNRT( :YOUNG — NO STRUCTURAL HD. —RECURRENT-ECG. Dx.)

2- AVRT.( WPW. SYND. )( YOUNG —RECURRENT —NO

STRUCTURAL HD. —ECG. Dx.).

\*\*\*AT. —AT. FLUTTER: RECURRENT- CHILD OR ELDERLY —WITH STRUCT. HD. —ECG. Dx.

\*\*\*AF.: RAPID —VERY RAPID ( IN WPW.: WIDE QRS.-SHOCK)-SLOW AF ( WITH COMPLETE HB.) ----CAUSES: VALV. HD. —HT. —HYPERTHYROIDISM —ISCH .HD —HF. —PAROXYSMAL —



SEARCH FOR : PULSE DEFICIT/CANNON JUGULAR WAVES : FOR  
CONFIRMATION—THEN ECG.

\*\*\*VT.: NO RADIAL OR CAROTID PULSES –NO HSs-NO BREATHING –NO  
CONSCIOUSNESS-SNORING.-ECG. Dx.-BY DC. MONITOR .

CAUSES : STMI –HF.-ELECTROCAUTION-DROWNING-PULM. EMBOLISM  
–PROLONGED QT.- BRUGADA SYND. –HYPERKALEMIA-PRINZMETALS ANGINA .

2- PULSE RHYTHM:REGULAR –IRREGULAR –

IRREGULAR : ECTOPICS ( PAC –PVC.)-IRREGULARLY IRREGULAR ( IN RHYTHM  
–IN VOLUME): AF /FREUENT PAC

\*\*\*PVC/PAC: CAUSES: IBS.-MVP. –AP. –OVERUSE OF CARDIAC STIMULANTS-HF.

3-PULSE VOLUME :LARGE –SMALL-ABSENT

\*\*\*LARGE : CAUSES: FEVER –PREGNANCY –ANEMIA –THYROTOXICOSIS –RESPIRATORY  
FAILURE –AR. –MR.( CH.)

\*\*\*SMALL: CAUSES : HF. –AS. –SHOCK .-TAMPONADE

\*\*\*SHOCK : TYPES : HYPOVOLEMIC –CARDIOGENIC –OBSTRUCTIVE –(PULM. EMBOLISM  
–TAMPONADE ) –ANAPHYLACTIC –SEPTIC .

4- PULSE CHARACTER: COLLAPSING : AR ( CH. –SEVERE )-SEARCH FOR : LV. DILATION AT  
APEX /LVH./ CORRIGAN SIGN IN NECK – PISTOL SHOT IN FA AT INGUINAL REG.  
ABSENT CORRIGAN SIGN : IF HF.( ADVANCED ).

PULSUS PARADOXUS : ABSENT IN INSPIRATION : IN : TAMPONADE ( WITH  
ORTHOPNEA –SHOCK – ABSENT HSs- HIGH JVP.)/ STATUS ASTHMATICUS( WITH : SILENT  
CHEST ? VENTRAL CYANOSIS ? AGITATED ? SEVERE DYSPNEA)

5-VESSLE WALL CHARACTER:COLLAPSABLE( NORMAL ) –RIGID( ARTERIOSCLEROSIS)( IN  
DM.-SMOKER-HT. –ELDERLY- DYSLIPIDEMIA )

6-RADIO FEMORAL DELAY :NORMALY; SIMULTANEOUS –DELAY IN : AORIC  
COARCTATION -SEAERCH FOR – HT –IN YOUG/ ADULSCENT.

7- BLOOD PRESSURE ESTIMATION: IN SITTING –RECUMBANT –STANDING ( IF SUSPECT  
POSTURAL HYPOTENSION)

\*\*\*WIDE PULSE PRESSURE: CAUSES : AR. –THROTOXICOSIS-ANEMIA –PREGNANCY  
–RENAL FAILURE.-VOLUME OVERLOAD.

\*\*\*LOW SBP.: BELOW 90 :SKOCK STATE ( IF ASSOCIATED WITH: CONFUSION –HANDS:  
COLD ,SWEATY,WEAK RADIAL PULSE,OLIGURIA/TACHYCARDIA / TACHYPNEA.

\*\*\*HIGH SBP.: ABOVE 180: MALIGNANT HT : ( IF ASSOCIATED WITH : DYSPNEA  
/ISCHEMIC CHEST PAIN / CONFUSION / RECENT IMPAIRED RENAL FUNCTION /  
PRUTIENUREA/ PAPILOEDEMA )

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----- NECK EXAMINATION-----

1-CAROTID ART.:---SEARCH FOR ; ABSENT ( VT./ VF.)-CORRIGAN SIGN ( AR.)-DIFFERENTIATED FROM JUGULAR VEIN ( COMPRESSION SIGN )- CAROTID SHUDDER/ BRUIT( IN CAROTID ART. STENOSIS )

2-INTERNAL JUGULAR VEIN –FOR –LEVEL –FOR WAVES:

\*\*\*ELEVATED JVP: RVF /CONGESTIVE HF. ( IF OSCILATING ,WAVING- WITH RESPIRATION )----ELEVATED –BUT NOT WAVING –CORD LIKE ( SVC. OBSTRUCTION: SEARCH FOR : BULL NECK –RED EYES –PUFFY FACE)

\*\*\*JV. WAVES : OBSOLETE –EXCEPT IN CANNON WAVES : IN AF.( RAPID ) –CHB.( SLOW)

- KUSMAULS SIGN : ELEVATED IN INSPIRATION ; IN TAMPONADE ( IF IN SHOCK ) / CH. CONSTRICTIVE PERICARDITIS ( IF ASCITES / HEPATOMEGALY )

4-TRACHIA –FOR DEVIATION—FOR TRACHIAL TUG :

5-CERVICAL LYMPH NODES:LYMPHOMA –METASTATIC –DENTAL INFECTION-ORAL INFECTION.

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-----LOWER LIMB EXAMINATION-----

SHOULD FOLLOW THESE RULES :

1-TO COMPARE: LT .AND RT. :

2-TO DETERMINE LEVEL OF ABNORMALITY :DORSAL –ANKLE –PRETIBIAL –BELOW KNEE –THIGH –WHOLE LEG

3-TO SEARCH FOR CHANGES IN :

1- SWELLING-OEDEMA –UNILAT. OR BILAT. –LEVEL –PROGRESSION WITH TIME –RESPONSE TO TREATMENT :-FOLLOW BODY WEIGHT---CAUSES : BILAT.: CONGESTIVE HF ( HIGH JVP- ABNORMAL PRECORDIAL EXAM. –RISK FACTORS OF HD. ) –CRF.( HT. –PALOR –HYPERPIGMENTED SKIN –OLIGURIA OR POLYURIA OR NOCTURIA )- NEPHROTIC SYNDROME ( ASCITES –PUFFY FACE –YOUNG –NORMAL JVP.)–HEPATIC CIRRHOSIS ( SWELLING –JAUNDICE –NORMAL JVP. –ASCITES –HEPATOMEGALY OR SPLENOMEGALY ) –AMLODIPIN / CALCIUM BLOCKER EFFECT: NORMAL EXAMINATION.

2- COLOR :PALE –RED –BLUE

\*\*\*PALE : A. : THROMBOEMBOLISM : PREVIOUSLY NORMAL ARTERIES ( AF .- VEGETATION – CARDIAC ORIGIN)----ATHEROEMBOLISM :ALREADY ABNORMAL ARTERIES : IN DIABETIC PATIENT / INTERMITTENT CLAUDICATION.

\*\*\*RED: CAUSES: DVT. / HEMATOMA –CELLULITIS.

\*\*\*BLUE: CYANOSIS ( PRESERVED SENSATION ) /GANGREN( PAINLESS): DIABETIC FOOT /BUERGERS DISEASE/CRITICAL LIMB ISCHEMIA : A. OR A. ON CH./ FROST BITE / WET GANGRENE : CLOSTRIDIAL ANAEROBIC BACTERIAL SOFT TISSUE INFECTION

3- TENDERNESS: DVT.-HEMATOMA - -CELLULITIS –RUPTURED BAKERS POPLITAL CYST.

4- SKIN INTEGRITY :ULCER FORMATION : ARTERIAL –NEUROPATHIC –PRESSURE –VENOUS

\*\*\*ART. : DISTAL –PAINFUL –CHRONIC –AT TOES—SEARCH FOR : IMPAIRED PERIPH . PULSES –PALOR –PAINFUL -DM. –SMOKING –HYPERLIPIDEMIA –HT.  
 \*\*\*VENOUS : AT MEDIAL MALLEOLUS –SURROUNDED BY UGLY HYPERPIGMENTED SKIN –CHRONIC –LESS PAINFUL. –SEARCH FOR : POST PHLEBITIC SYNDROME.  
 \*\*\*NEUROPATHIC –PRESSURE ULCER/ SORE: PROXIMAL –AT BONY PROMINANCE- PAINLESS-CHRONIC.-CAUSES : DM. – COMA –PERIPHERAL NEUROPATHY.

5- PERIPHERAL PULSES : FA.-PA. –PTA. –DPA. –ATA.-ABD. AORTA:

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-----ABDOMINAL EXAMINATION -----

- 1- ABD. WALL RIGIDITY-REBOUND TENDERNESS: IN SHOCKE-INTRA ABDOMINAL BLEEDING / CONCEILED HEMORRHAGE—A. MESENTERIC THROMBOSIS : ELDELY / AF .HF / LOW COP.
- 2- IN CH. CONSTRICTIVE PERICARDITIS ( ASCITES MORE THAN LEG PITTING OEDEMA-ELEVATED JVP. ) –CONGESTIVE HF(: PROMINENT OEDEMA –ELEVATED JVP.)
- 3- ASCITES:CH, CONSTRICTIVE PERICARDITIS – RESTRICTIVE CMP. –NEPHROTIC SYNDROME ( PUFFY FACE OEDEMA –NORMAL JVP. )—NEPHROTIC SYNDROME –CIRRHOIS-INTRABDOMINAL MALIGNANCY –PERITONIAL TB.
- 4- ABD. AORTA PULSATING MASS –ANEURYSM: ELDERLY –HT. : UNCONTROLLED / PLROLONGED—HYPERLIPEDEMIA –SMOKING : HEAVY-ISCHEMIC HD .-CVA.

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----- PERIPHERAL SIGNS -----

- 1- XANTHELASMA : AROUND EYES : HYPERCHOLESTREMIA : FAMILIAL
- 2- XANTHOMA ; TUBEROUS –TENDINOUS : IN HYPERCHOLESTEREMIA : FAMILIAL
- 3- ARCUS SENILIS :AROUND CORNEA : INCOMPLETE CIRCULE: HYPERCHOLESTEREMIA: IF PREMATURE / AGING .
- 4- FACIAL SPOT Dx.: HYPOTHYROIDISM/ NEPHROTIC SYNDROME/ SLE./SCLERODERMA /SEVERE ANEMIA / CENTRAL CYANOSIS/JAUNDICE/ SHOCK STATE / SVC, OBSTRUCTION SYNDROME/ CORRIGANS SIGN / LYMPHOMA/ JUGULAR VEIN VENTRICULISATION ( IN SEVERE DCM : SEVERE TR.) /DOWNS SYNDROME/ THALASSEMIA MAJOR/ HEMOCHROMATOSIS/ CH. RENAL FAILURE/CACHEXIA/ ANASARCA.....
- 5- HAND: PALOR/ CLUBBING /CYANOSIS /KOLINECKIA / SPLINTER HEMORRHAGE/PALMAR ERYTHEMA/ OSLER NODES/JANEWAY NODE /FLAPPING TREMOR / FINE TREMOR /SWEATING /COLDNESS/FIXED DEFORMITY / THENAR AND HYPOTHENAR ATROPHY/ CARPAL SPASM / RAYNAUDS PHENOMENON.

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-----APPROACHING A CARDIOVASCULAR EMERGENCY CASE-----

ASK ABOUT: CONSCIOUSNESS-ORIENTATION-CHIEF COMPLAINT-ONSET-DURATION ----

EXAMINE FOR VITAL SIGNS : 1- LEVEL OF CONSC. ( SHOCKE ) –2- HR ( TACHY –BRADY)—

3-RESP. RATE ( TACHYPNEA : PUL. OEDEMA / PULM .OEDEMA / SKOCK / A. RESP. INF. /A. HYPOXIA )/  
BRADYPNEA ( COMA / HYPNOTIC OVERDOSE )

4-TEMP. : HIGH : INFECT. SOMEWHERE / INFLAMATION SOMEWHERE/ DRUG REACTION.

---COLD: SHOCK/ COLD INJURY.

5.BP. : SHOCK / MALIGNANT HT / SECONDARY HT./RENAL FAILURE/ COMPLETE HB. /

///HYPOTENSION : POSTURAL – DRUG INDUCED – ASSOCIATED WITH A. INF. STMI

6. O2 SATURATION : HYPOVENTILATORY RESP. FAILURE/SEVERE PUL. OEDEMA/  
+\_ CENTRAL CYANOSIS
7. UOP.: OLOGURIA : SHOCK / A, RF .
8. LEVEL OF HYDRATION : VOL. OVERLOAD ( CONGESTIVE HF./ RENAL FAILURE)

DEHYDRATED: DRY MOUTH/ OLIGURIA / IMPAIRED SKIN RECOIL IN YOUNG PAT  
DEHY –SEARCH FOR : SHOCK STATE / POSTURAL HYPOTENSION/ TACHYCARDIA / SMALL  
RADIAL PULSE VOLUME /COMPENSATORY TACHYCARDIA

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---PATIENT SCENARIO IN ER .:

--CONFUSED/ AGITATED :

\*\*\*SIGNS OF:ACUTE SEVERE PULMONARY OEDEMA( MALIGNANT HT. / A. EXTENSIVE STMI  
/ SEVERE A. MR. / SEVERE A. AR.)- --SEARCH FOR : SIGNS OF DYSPNEA / O2 DESATURATION  
/ BILAT. BASAL CREPITATION / PRECORDIAL ABNORMALITY/ SIGNS OF SHOCK.

\*\*\*SIGNS OF CARDIOGENIC SHOCK : EXTENSIVE STMI : SHOCKE SIGNS ( AGITATION /  
SWEATING /PALOR /WEAK PULSE /BASAL CREPITATION/ TACHYPNEA / COLD EXTREMITIES/  
OLIGUREIA /O2 DESATURATION )—SEARCH FOR : ECG. CHANGES / POSITVE S. TROPONIN ).

\*\*\*SIGNS OF SHOCK / PATIENT IN CCU. / 3 DAYS AFTER APPARENT STABILISATION /  
SUDDEN DYSPNEA O2 DESATURATION / CENTRAL CYANOSIS /O2 DEPENDENT /  
ORTHOPNEA / BILAT. BASAL CREPITATIONS /PRECORDIUM : FAINT MURMURE: APICAL : ?  
MR. ACUTE \_\_CARDIOGENIC SHOCK --PAPILLARY MUSCLE RUPTURE – AFTER INFERIOR  
STMI – EMERGENCY ECHO.

\*\*\*SIGNS OF SHOCK / FEBRILE /YOUNG-CHILD / PAST HISTORY OF VSD.( SUBAERTIC ) /  
FAINT AEORTIC DIASTOLIC MURMURE – CARDIOGENIC SHOCK- ACUTE SEVERE AR.  
COMPLICATING ACUTE ENDOCARDITIS AT VSD. –EMERGENCY ECHO.

\*\*\*SIGNS OF : SHOCK /ORTHOPNEIC/ ABSENT HEART SOUNDS / PULSUS PARADOXUS OR  
ABSENT PULSE/ HIGH JVP.\_\_\_\_ - SIGNS OF CARDIAC TAMPONADE –EMERGENCY ECHO .

\*\*\*SIGNS OF : SHOCK / NO RADIAL PULSE /NO BREATHING / NO CAROTID PULSE /  
UNCONSCIOUS / O2 DESATURATION / NO HEART SOUNDS ---VT. –DC. ECG. MONITOR

\*\*\*SIGNS OF : SHOCK / WEAK RADIAL PULSE / RAPID : MORE THAN 150 : IF REGULAR :SVT  
( AVNRT ./AVRT: WPW SYNDROME )/ IF IRREGULAR : AF. --- ALL: WITH HEMODYNAMIC  
UNSTABILITY.—ECG. Dx

\*\*\*SIGNS OF SHOCK / BLOOD LOSS (EXTERNAL : LONG BONE FRACTURE /HIP FRACTURE )(  
INTERNAL BLOOD LOSS: INTRA ABDOMINAL BLEEDING : RIGID ABD. , REBOUND  
TENDERNESS, BLEEDING ECTOPIC PREGNANCY , ABD. TRUMA ) / FLUID LOSS ( CHOLERA )---  
HYPOVOLEMIC SHOCK .

\*\*\*SIGNS OF HIGH PHT : INDICATING MASSIVE PUL. EMBOLISM : HIGH JVP , TR., O2  
DESATURATION, EVIDENCE OF RECENT IMMOBILISATION,+\_ EVIDENCE OF DVT --SEARCH  
FOT : ECG. CHANGES : RBBB ,S. TACHY. RAD. S1Q3T3)/EMERGENCY ECHO: DILATED RV.  
VERY HIGH D. DIMER.

\*\*\*SIGNS OF : FOCUS OF INFECTION : FOR SEPTIC SHOCK : RESPIRATORY, RENAL ,GIT,  
BED SORE, IMMUNE DEPRESSING FACTOR, INCLUDING CACHEXIA )/ EVIDENCE OF  
PROLONGED OR FREQUENT HOSPITALISATIONS / PROLONGED ANTIBIOTIC USE /  
GERIATRIC PATIENT/ MULTIPLE COMORBIDITIES.

\*\*\*SIGNS OF VOLUME OVERLOAD ( Pitting LEG OEDEMA / BILAT BASAL CREPITATION /  
HIGH JVP./ ANURIA ) /SEVERE SHT: ABOVE 160/ PALLOR /HYPERPIGMENTED SKIN /AV.  
FISTULA FOR DIALYSIS.

\*\*\*SIGN OF SHOCK --SEVERE DYSPNEA --STRIDOR --URTICARIA --ANGIOEDEMA  
--TACHYCARDIA --TACHYPNEA --- SIGNS OF SHOCK : ANAPHYLACTIC SHOCK; EVIDENCE OF  
IV. DRUG USE / HISTORY OF ALLERGY OR PREVIOUS ANAPHYLAXIS

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