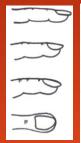
## MRCPCH revision: Cardiovascular station - S Constantinou

- 0:00 Intro & overview
- 1:44 Top tips
  - Be opportunistic, Find a Cardio SpR to watch you, Palpate bilaterally for apex beat, Don't narrow differential too quickly.
- 2:30 Cardio exam overview
- 3:06 WIPER
- 3:37 Around the room: oxygen saturation probes, supplemental O2
- 3:44 Patient from end of bed: small for age, well grown, pink, pale or blue, dysmorphism, increased work of breathing
- 4:10 Hands: cool or warm, clubbing, splinter haemorrhages, oslers nodes
- 4:32 Radial pulse, Brachial pulse, Carotid pulse. No thumbs! Character at central pulses (not radial)
- 5:00 Face: dysmorphism, conjunctival pallor, dental caries, central cyanosis
- 5:30 Precordium: chest wall deformities, scars, visible impulses
- 6:00 Palpation: bilat for apex beat, heaves, thrills
- 6:23 Auscultation (briefly, further podcast about murmurs coming soon!)
- 7:10 Last bits: Hepatomegaly, femorals, lung bases, peripheral / sacral oedema
- 7:45 'To complete my examination I would like to measure the HR, BP, O2 sats & plot the height and weight on an appropriate chart.' (plus anything you forgot!)

8:20 Focus On: Clubbing



## Stages of Clubbing

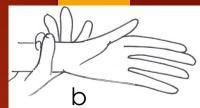
Stage 1: normal appearance and angle but increased fluctuancy of nail bed

Stage 2: loss of angle between nail and nail bed

Stage 3: increase curvature of nail

Stage 4: expansion of terminal phalanx Drum stick appearance





- 9:20 Focus On: Hand & Heart Defects
- Turner's syndrome short 4<sup>th</sup>, 5<sup>th</sup> metacarpals, hypoplastic nails
- T21- clinodactaly, single palmar crease (a)
- Marfan's syndrome arachnodactyly (b)
- VACTERL.HoltOram.TAR radial abnormalities
- 10:40 Focus on: Pulse

Collapsing	AR, PDA
Thready	Heart Failure
Asymmetrical	Pre or post coarctation repair
Slow rising	AS

12:20 Focus on: Scars

Collapsing	AII, I DA
Thready	Heart Failure
Asymmetrical	Pre or post coarctation repair
Slow rising	AS

## Right

thoracotomy scar

**TOF** repairs Both: BT shunt, lobectomy



Left thoracotomy scar

Co-arctation repair Liaation of PDA PA bandina Both: BT shunt, lobectomy

Midline sternotomy scar

= Open heart surgery

- Apex: forceful cardiac myopathy, feeble heart failure, displacement dilated cardiomyopathy. Heave - palpable right ventricular impulse. Thrill palpable murmur
- 16:50 Outtro: PedZ app, Check out Pub Quiz!