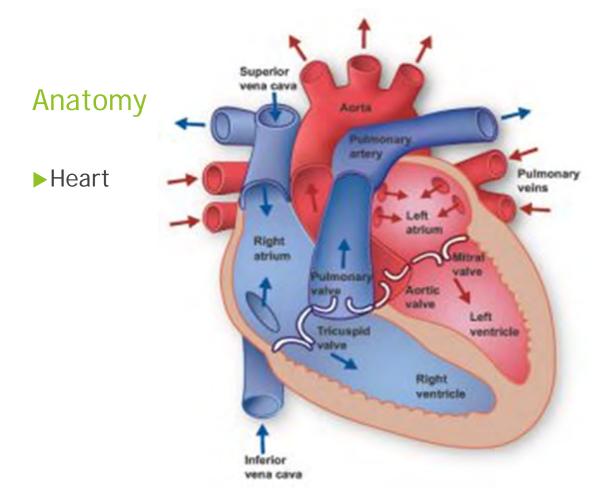
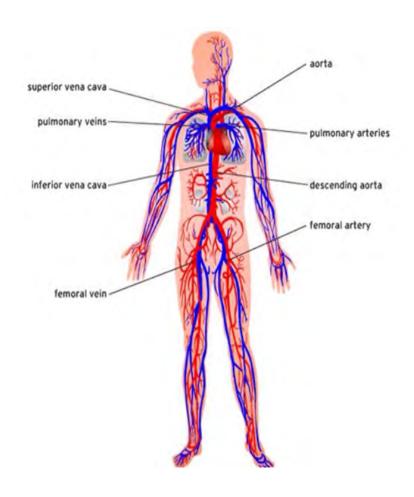
# The Heart Of The Matter

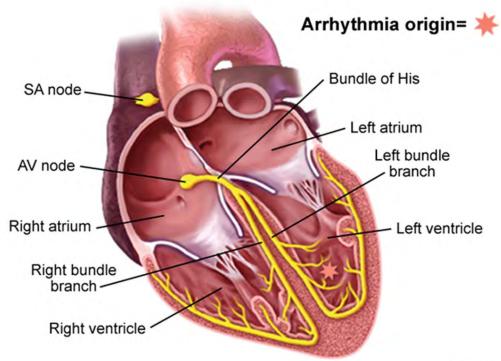
Cardiovascular Assessment





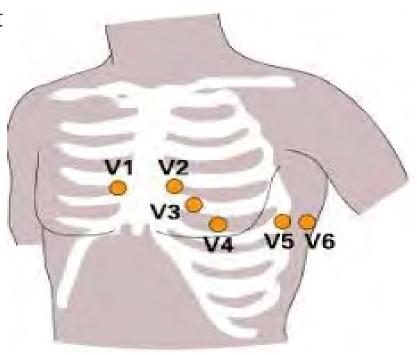


### Physiology Electrical

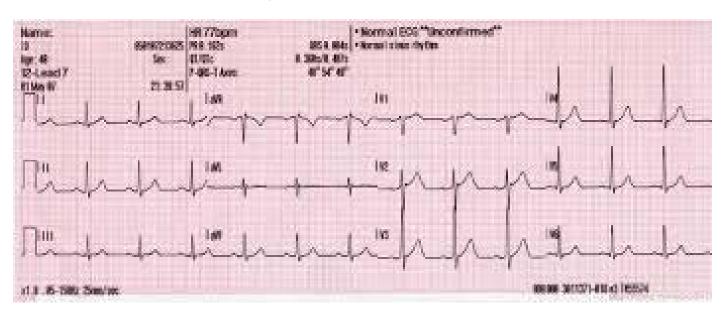


@ medmovie.com

#### ▶12 Lead Placement



### ▶12 Lead Tracing



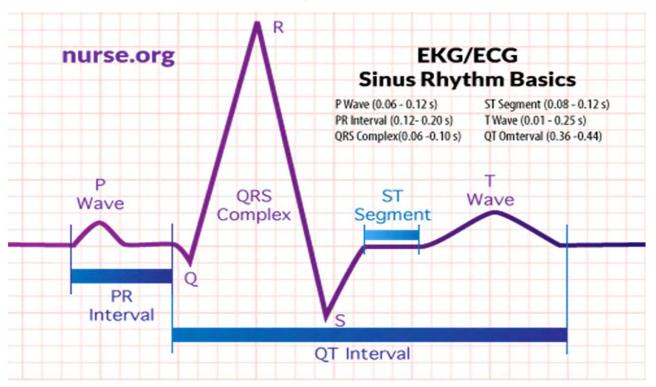
#### ▶12 Lead With Artifact



**EKG** 

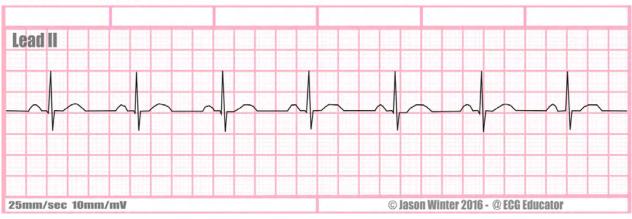
Electrical Activity	Graphic Depiction	Associated Pattern
Atrial Depolarization	ofr	P Wave
Delay at AV Node	-4-	PR Segment
Ventricular Depolarization	$-\emptyset$	QRS Complex
Ventricular Repolarization	10	T Wave
No electrical activity	-A-e	Isoelectric Line

#### ► Normal Values EKG Tracing



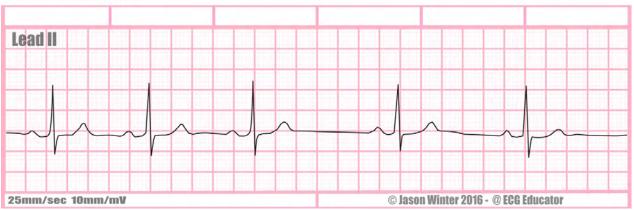
#### ► Sinus Rhythm

#### **Normal Sinus Rhythm (NSR)**



### ► Sinus Arrhythmia

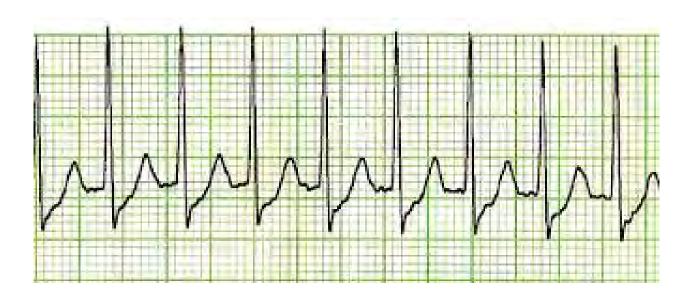
#### Sinus Arrhythmia



### ► Sinus Bradycardia



### ► Supraventricular Tachycardia



### ► Sinus Rhythm First Degree Block



### ► Second Degree Heart Block

#### Mobitz I or Wenckebach



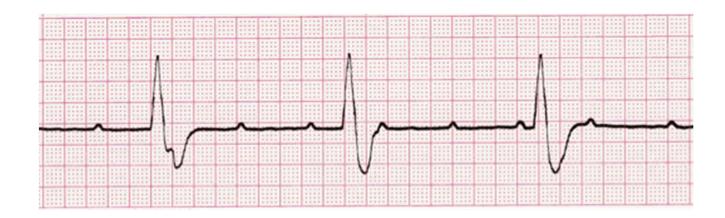
#### Mobitz II



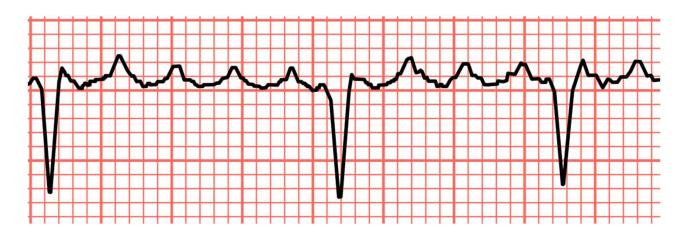
#### 2:1 block



### ► Third Degree Heart Block



#### ► Atrial Flutter

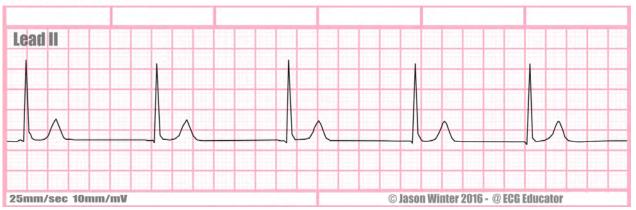


#### ► Atrial Fibrillation

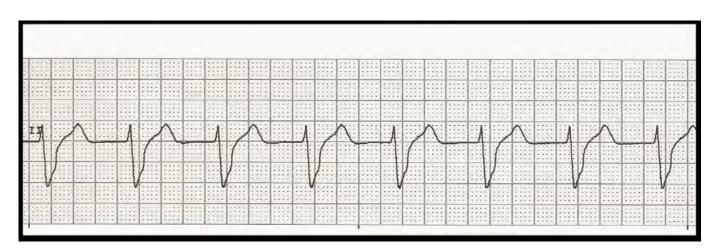


### ► Junctional Rhythm

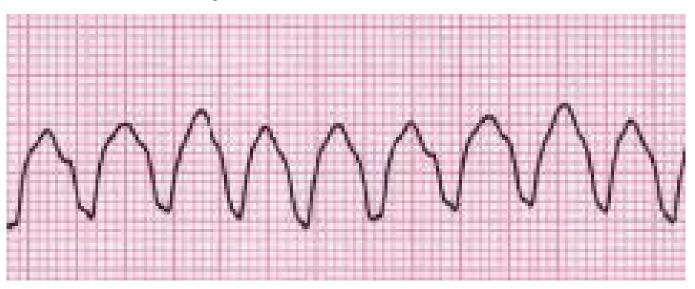
#### **Junctional Rhythm**



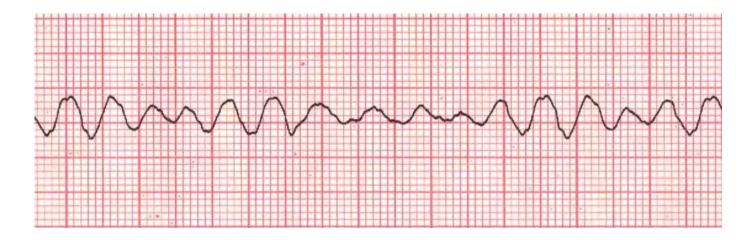
#### Ventricular Rhythm



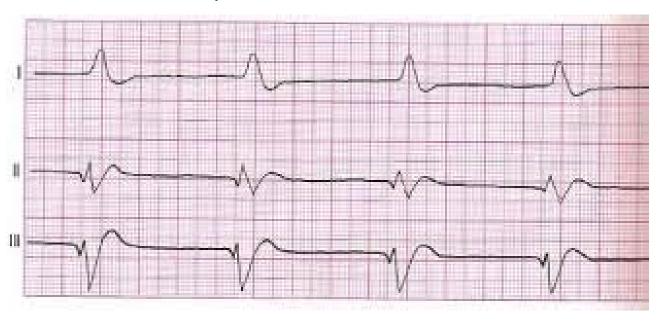
### ► Ventricular Tachycardia



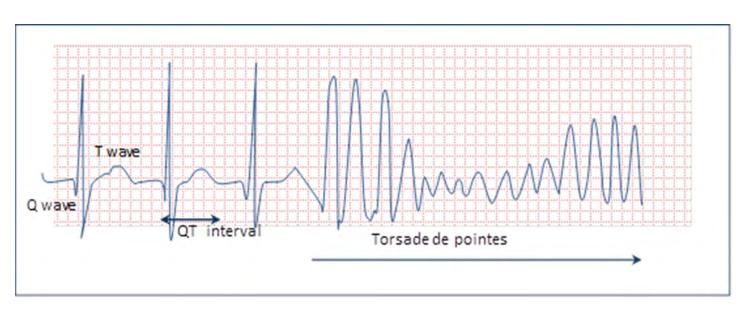
#### ► Ventricular Fibrillation



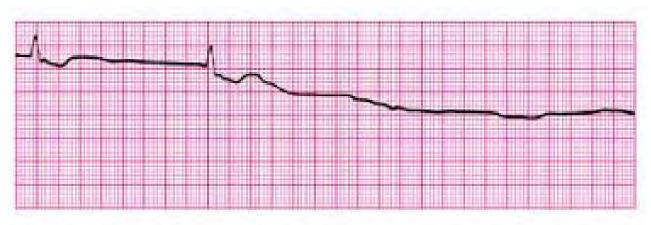
### ► Ventricular Escape



#### ▶Q on T



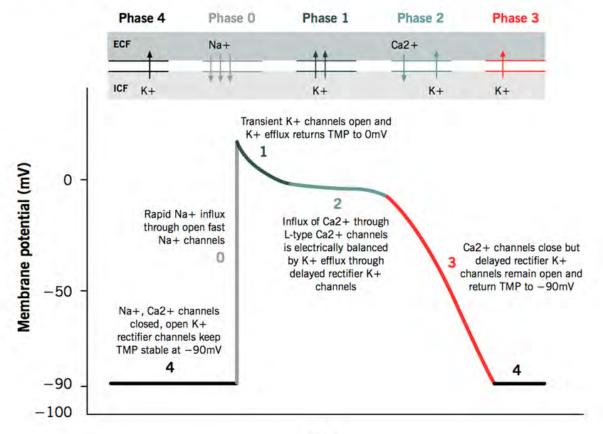




#### **▶**Chemical

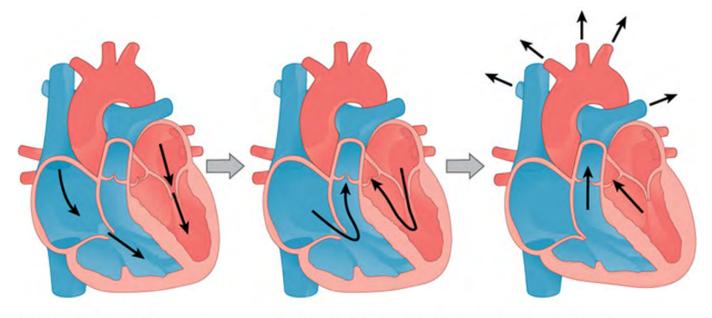
#### Action potential of cardiac muscles

Grigoriy Ikonnikov and Eric Wong



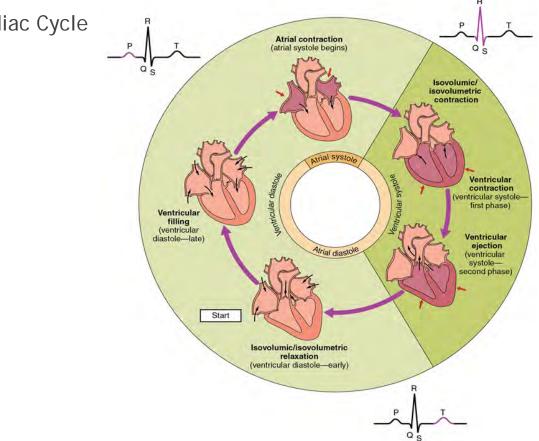
Time

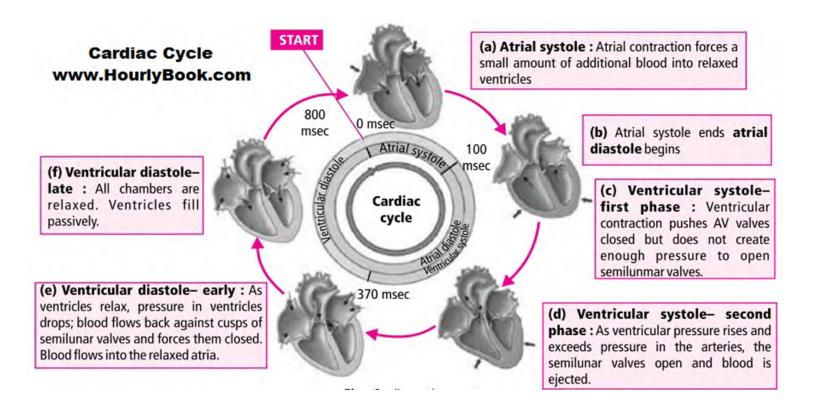
#### ► Mechanical



- (a) Cardiac diastole: all chambers are relaxed, and blood flows into the heart.
- (b) Atrial systole, ventricular diastole: atria contract, pushing blood into the ventricles.
- (c) Atrial diastole, ventricular systole: after the atria relax, the ventricles contract, pushing blood out of the heart.

#### ► Cardiac Cycle





### Assessment: 2 Components

- ► History: What is said and chart review
- ▶ Physical: What you see and feel and hear

#### History

- ► Medical History:
- ▶-Medications: prescribed, supplements
- ▶ -Allergies
- ▶ -Medical diagnosis
- ▶-Hospitalizations, ER visits, surgery
- ► Imaging, procedures, lab results
- ▶ -Treatments: prescribed, complementary
- -Family history

- ► Chief Complaint:
- ► -Onset
- ▶ -Signs and symptoms
- ▶ -Previous episodes
- ▶ -Timing
- ▶ -What makes better/ worse
- ▶ -Therapies/ things tried and effect
- ► -Associated signs and symptoms

#### ▶Physical:

- ▶ Inspection: Train the eye to see general appearance, State of nutrition, habitus, symmetry, movement, speech, orientation, engagement can all be evaluated.
- Auscultation: Listening to internal organs and structures which include the heart, lungs, abdomen, carotids, esophagus and trachea.
- ▶ Palpation: Use of touch to evaluate the organs and structures. Some examples are liver, spleen, stomach, muscle, joint integrity and thyroid
- ▶ Percussion: Sound and feeling produced by a sharp blow

#### Physical Exam:

- ▶-General appearance:
- -energy level, ease of movement, guarding
- ▶ -habitus, grooming
- -speech, affect

- ► Vital Signs:
- ▶ -pulse
- ▶ -respiratory rate
- ▶ -blood pressure
- ▶ temperature
- ▶-weight, height, BMI

#### ▶Blood Pressure

- ► Size of Cuff:
- ▶-Width of the bladder should be 40% of the upper arm
- ▶-Length of the bladder should be 80% of upper arm
- ▶-If the cuff is too short or narrow gives a false high reading
- -Loose cuff or bladder than balloons outside the cuff can give a false high reading

- ► Technique:
- -Have patient sit quietly for 5 min. with feet on the floor and arm at heart level
- ➤ -Center the bladder over the brachial artery and secure snuggly on upper arm that is free of clothing
- ▶ Palpate the radial artery and inflate the cuff until it disappears then add 30 mm Hg (to avoid auscultatory gap)
- ▶ -Slowly deflate the cuff at a rate of 2-3 mm Hg/sec.

- ▶ Orthostatic Blood Pressure
- -Measurement of blood pressure and heart rate in 2 positions
- ▶-Have patient laying for 5 min. before the initial set of VS.
- SBP drop > or = 20 mm Hg or DBP drop of 10 mm Hg or heart rate increase > 20 beats/ min. within 3 min. of position change is orthostatic

#### ►-If the brachial artery is much below the level of the heart can get false high reading

- -Auscultatory gap is associated with arterial stiffness/ atherosclerotic disease
- ►-Muffling and disappearance point can be far apart but normally is 10-20 mm Hg apart but can greater as a normal variant
- If the sounds never disappear and can indicate aortic regurgitation
- ▶ -A difference of more than 10-15 mm Hg between arms suggests atrial compression or obstruction, aortic stenosis

#### ▶ Pulse

- -Rate: If regular check for 15 sec. If fast or variable check for 60 secs.
- ► -Rhythm: Regular, regularly irregular (PAC,s, PVC's, 2<sup>nd</sup> degree heart block), totally irregular (atrial fib.), irregularity that varies with inspiration (pericardial effusion)
- ▶ With variability in heart rate check peripheral pulse as well as auscultate heart and compare bilaterally.

#### ► Temperature

- ▶ Fever can be caused by a number of factors:
  - ▶infective process
  - ▶ medications
  - **▶**environmental
  - ▶dehydration
  - ▶disease
  - ►Substance use
  - ▶alcohol withdrawal

- ▶ Effect Of Elevated Temperature
- ▶ peripheral dilatation
- ▶increased cardiac output
- ▶ decreased renal flow
- ▶increased breakdown of protein
- ▶insensible water loss

- ► Respiratory:
- ▶-inspection rate, rhythm, pulse oximetry
- cough
- ▶ -auscultation breath sounds
- ▶ -percussion
- ▶ -palpation

- ▶ Breath Sounds
- ► <a href="https://www.easyauscultation.com/cases?coursecase">https://www.easyauscultation.com/cases?coursecase</a> order=8&courseid=201



- ▶-inspection color, integrity,
- ▶ -palpation temperature, turgor





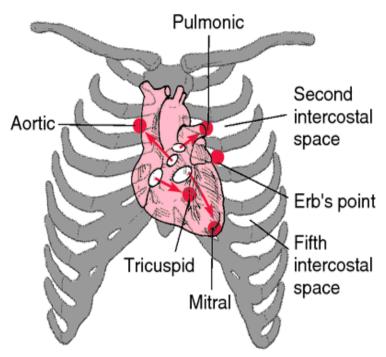
- ▶ Peripheral Neurovascular:
- ▶-inspection evidence of arterial or
- venous insufficiency
- ▶-palpation peripheral pulses nail bed
- capillary refill time edema
- -sensation





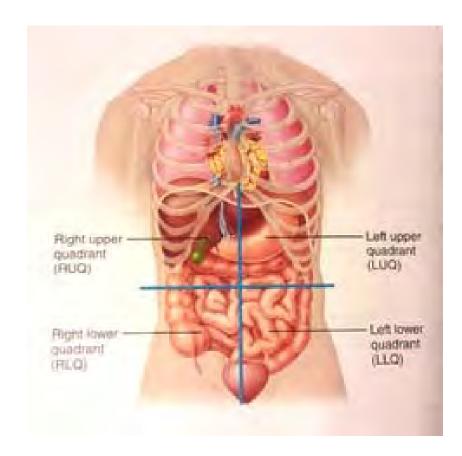


- ► Cardiac:
- ▶-inspection heave
- ▶-auscultation rate,
- rhythm, heart tones, carotid Aortic
- ▶ -palpation PMI

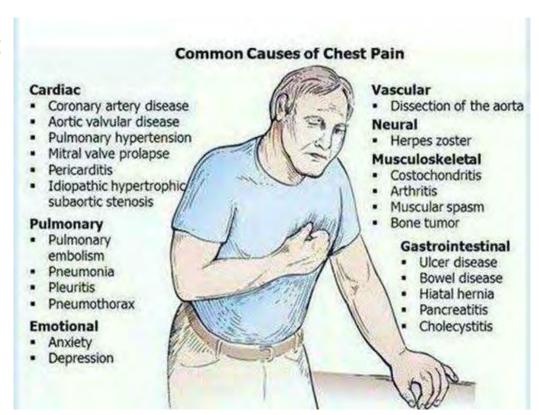


- ► Heart Tones
- ► <a href="https://www.easyauscultation.com/heart-lung-sounds-reference-guide">https://www.easyauscultation.com/heart-lung-sounds-reference-guide</a>

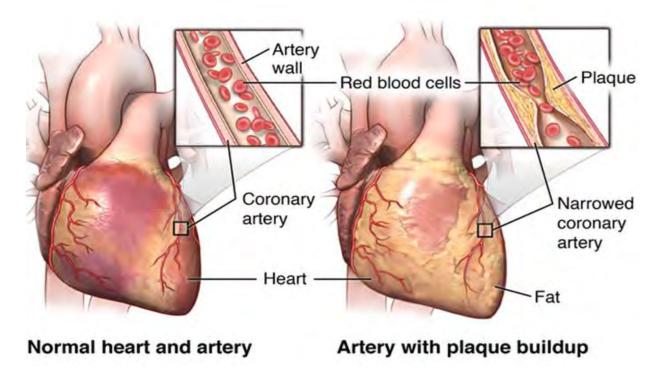
- Abdomen:
- ▶ inspection
- auscultation
- **▶** palpation
- ▶ Percussion

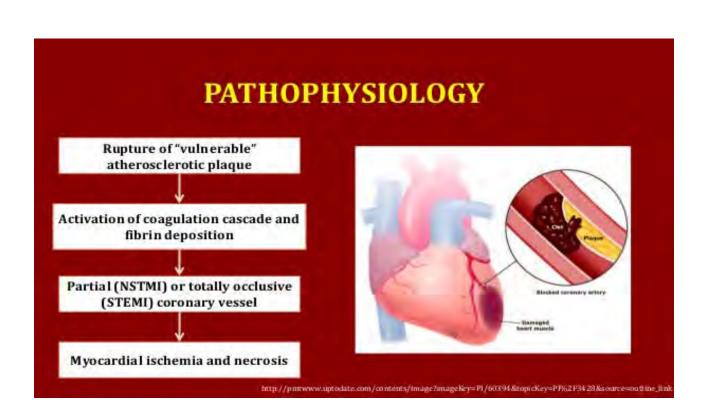


#### Chest Pain:



#### ► Myocardial Infarction





#### ►Symptoms:

## SIGNS of a HEART ATTACK

- Sweating
- Nausea or throwing up
- Shortness of breath
- Dizziness
- Fainting
- Chest pain or discomfort
- Pain moving down the left arm
- Pain moving up to the left side of the jaw
- Pain or discomfort in your back or stomach