



ACP Academy

Cardiovascular Examination – Step-by-Step OSCE Guide ACP Academy Format (Refreshed Edition)

GETTING STARTED

1. Perform hand hygiene and wear PPE if needed.
2. Introduce yourself: “Hi, I’m Jamie, one of the advanced clinical practitioners.”
3. Confirm the patient’s full name and date of birth.
4. Explain the examination: “I’d like to examine your heart and circulation, which involves looking at your hands, face, chest and ankles, and listening to your heart with a stethoscope.”
5. Ensure a chaperone is present.
6. Gain verbal consent.
7. Position the patient at 45° on the couch.
8. Expose the chest and both arms fully, with appropriate draping for dignity.
9. Ask if the patient is in any pain before proceeding.

GENERAL OBSERVATION

10. Assess the patient’s overall appearance for signs of cardiovascular distress:
 - Cyanosis, pallor, breathlessness, oedema, medical devices
 - Look for walking aids, oxygen, GTN sprays

HANDS AND PULSES

11. Inspect the hands:
 - Colour, tar staining, xanthomata, splinter haemorrhages, clubbing
12. Check temperature and capillary refill time.
13. Assess the radial pulse: rate, rhythm and character.
14. Check for radio-radial delay.
15. Assess for a collapsing pulse (ask patient to lift their arm, palpate brachial pulse).
16. Palpate the brachial pulse for volume and character.
17. Offer to record blood pressure in both arms.
18. Palpate the carotid pulse (one at a time).

JUGULAR VENOUS PRESSURE (JVP)

19. Inspect the neck with the patient reclined at 45°.
20. Identify the JVP and measure its vertical height.
21. If needed, perform hepatojugular reflux.

FACE

22. Inspect the eyes: conjunctival pallor, corneal arcus, xanthelasma.
23. Inspect the mouth: central cyanosis, poor dentition, high-arched palate.

CHEST

24. Inspect the chest: scars, deformities, visible pulsations.
25. Palpate for the apex beat and assess its location.
26. Palpate for parasternal heave and thrills.

AUSCULTATION

27. Auscultate all four valve areas with the diaphragm:
 - Aortic (2nd RICS), Pulmonary (2nd LICS), Tricuspid (4th LICS), Mitral (5th ICS MCL)
28. Repeat using the bell over the mitral area.
29. Auscultate the carotids while the patient holds their breath (for radiation of aortic murmurs).
30. Sit the patient forward and listen over the lower left sternal edge (aortic regurgitation).
31. Roll the patient onto their left side and auscultate the mitral area (mitral regurgitation).
32. Use the bell in the same position to assess for mitral stenosis.

PERIPHERIES

33. Inspect the back for scars or deformities.
34. Auscultate posterior lung fields (fluid or consolidation).
35. Check for sacral oedema.
36. Palpate the ankles for pitting oedema.
37. Look for saphenous vein harvesting scars.

CLOSING THE EXAM

38. Thank the patient and help them redress.
39. Perform hand hygiene.
40. Summarise your findings aloud or in documentation.
41. Suggest appropriate next steps, which may include:
 - 12-lead ECG, blood pressure monitoring, urine dip, fundoscopy, blood tests

A thorough cardiovascular examination helps build a complete picture of systemic and cardiac health. Keep the structure, stay calm, and focus on clinical relevance.