

detailed discussion, see Cardiovascular Dysfunction, [Chapter 23](#)). Murmurs are classified as:

Innocent: No anatomic or physiologic abnormality exists.

Functional: No anatomic cardiac defect exists, but a physiologic abnormality (such as, anemia) is present.

Organic: A cardiac defect with or without a physiologic abnormality exists.

The description and classification of murmurs are skills that require considerable practice and training. In general, recognize murmurs as distinct swishing sounds that occur in addition to the normal heart sounds and record the (1) location, or the area of the heart in which the murmur is heard best; (2) time of the occurrence of the murmur within the S_1 – S_2 cycle; (3) intensity (evaluate in relationship to the child's position); and (4) loudness. [Table 4-10](#) lists the usual subjective method of grading the loudness or intensity of a murmur.

TABLE 4-10
Grading the Intensity of Heart Murmurs

Grade	Description
I	Very faint; often not heard if child sits up
II	Usually readily heard; slightly louder than grade I; audible in all positions
III	Loud, but not accompanied by a thrill
IV	Loud, accompanied by a thrill
V	Loud enough to be heard with a stethoscope barely touching the chest; accompanied by a thrill
VI	Loud enough to be heard with the stethoscope not touching the chest; often heard with the human ear close to the chest; accompanied by a thrill

Abdomen

Examination of the abdomen involves inspection followed by auscultation and then palpation. Experienced examiners may also percuss the abdomen to assess for organomegaly, masses, fluid, and flatus. Perform palpation last because it may distort the normal abdominal sounds. Knowledge of the anatomic placement of the abdominal organs is essential to differentiate normal, expected