Clinical cardiovascular history taking

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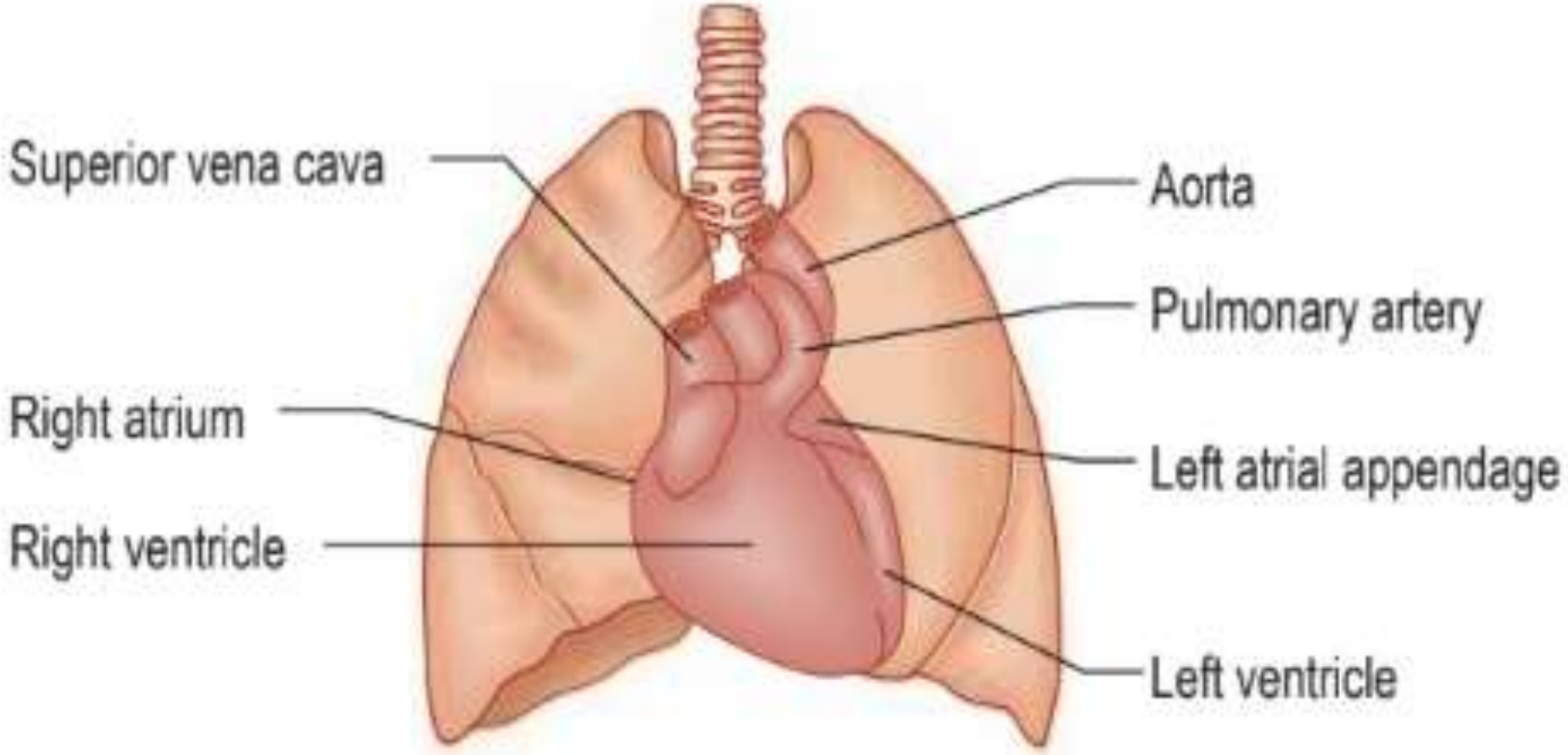
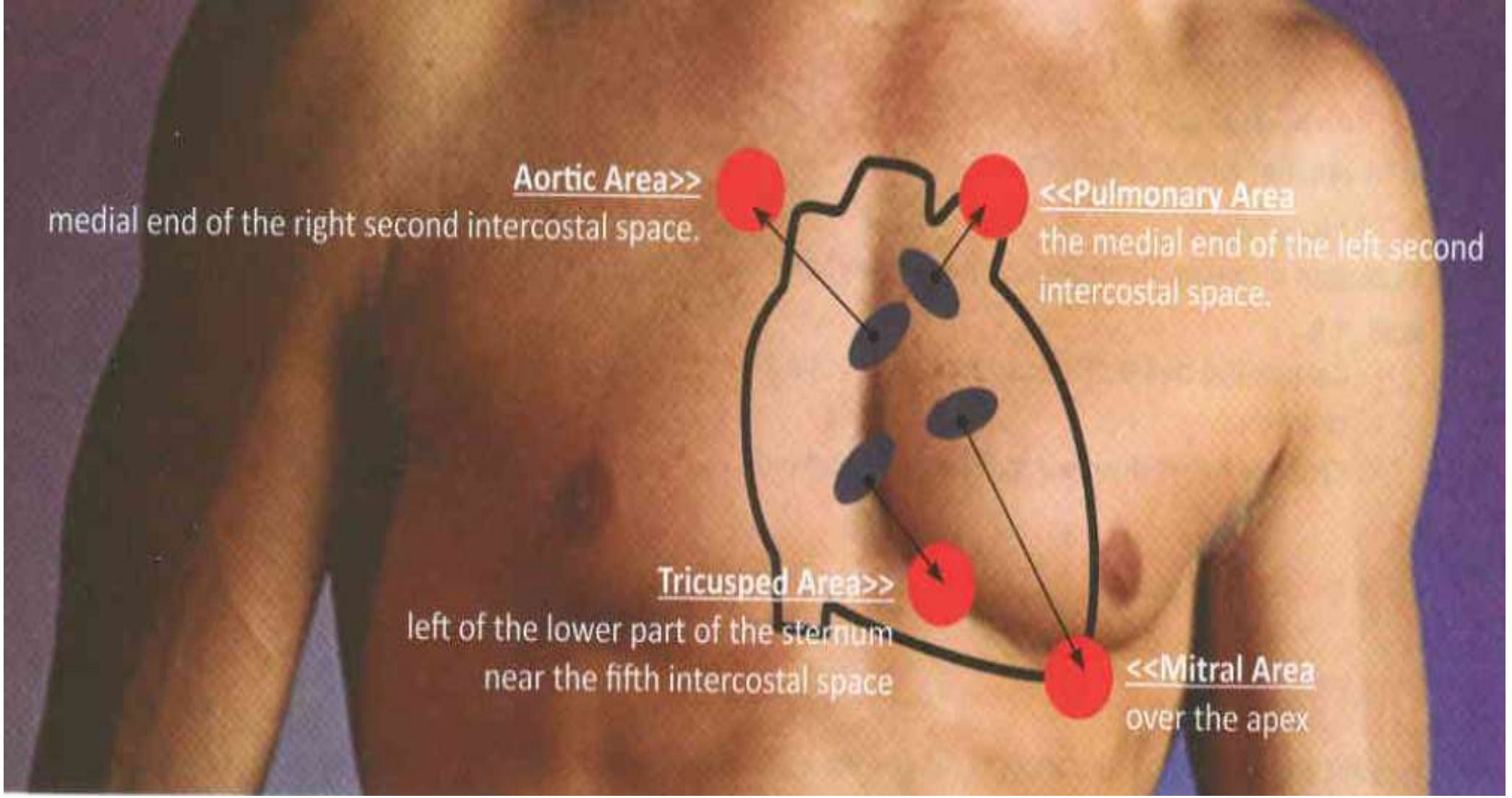
IPC 234 CAS-206 Group D



Cardiac silhouette as its seen on the chest X-ray



Surface anatomy of the heart

Cardiac case sheet

History	Examination	Investigation	Diagnosis	Treatment
1)Personal history	1)General			
2)Complaint	2)Local			
3)History of present illness				
4)Analysis of complaint 4.a)Symptoms of the related system 4.b)Other systems 4.c)Investigations and treatment history 4.d)DM & HTN				
5)Past history				
6)Family history				
7)Therapeutic history				
8)Social history				

Personal history

1)Name:

2)Age: congenital heart disease in infants and children. Coronary artery disease in middle and old age.

3)Sex: Rheumatic Mitral stenosis common in females, Rheumatic aortic regurge common in males

4)Occupation

5)Marital status: possible infertility.

6)Residence

7)Special habit: Smoking index= No. of cigarettes/day x No. of years of smoking, > 400 Heavy smoker

8)Menstrual history: in females

Complaint and its duration

On the patient own words, brief sentence, choose the most recent one

Example:

The patient complains of chest pain one week duration.

The patient complains of palpitations 10 days duration.

The patient complains of shortness of breath 14 days duration.

Analysis of complaint

8 as usual	3 for pain
Onset: sudden, acute, gradual	**Site**
Course: intermittent, stationary, decrescendo, crescendo	**Character**
Duration	**Radiation**
Association	
What increase & what decrease	
Effect of treatment	
Date of last attack	

Cardiology symtoms

1) Pulmonary venous congestion
2) Systemic venous congestion
3) Low cardiac output
4) Cyanosis
5) Palpitations
6) Pain
7) Pressure manifestations
8) Fever
9) Thromboembolic manifestations
10) Peripheral arterial disease

Pulmonary venous congestion

- Dyspnea
- Orthopnea
- Paroxysmal nocturnal dyspnea

Dyspnea

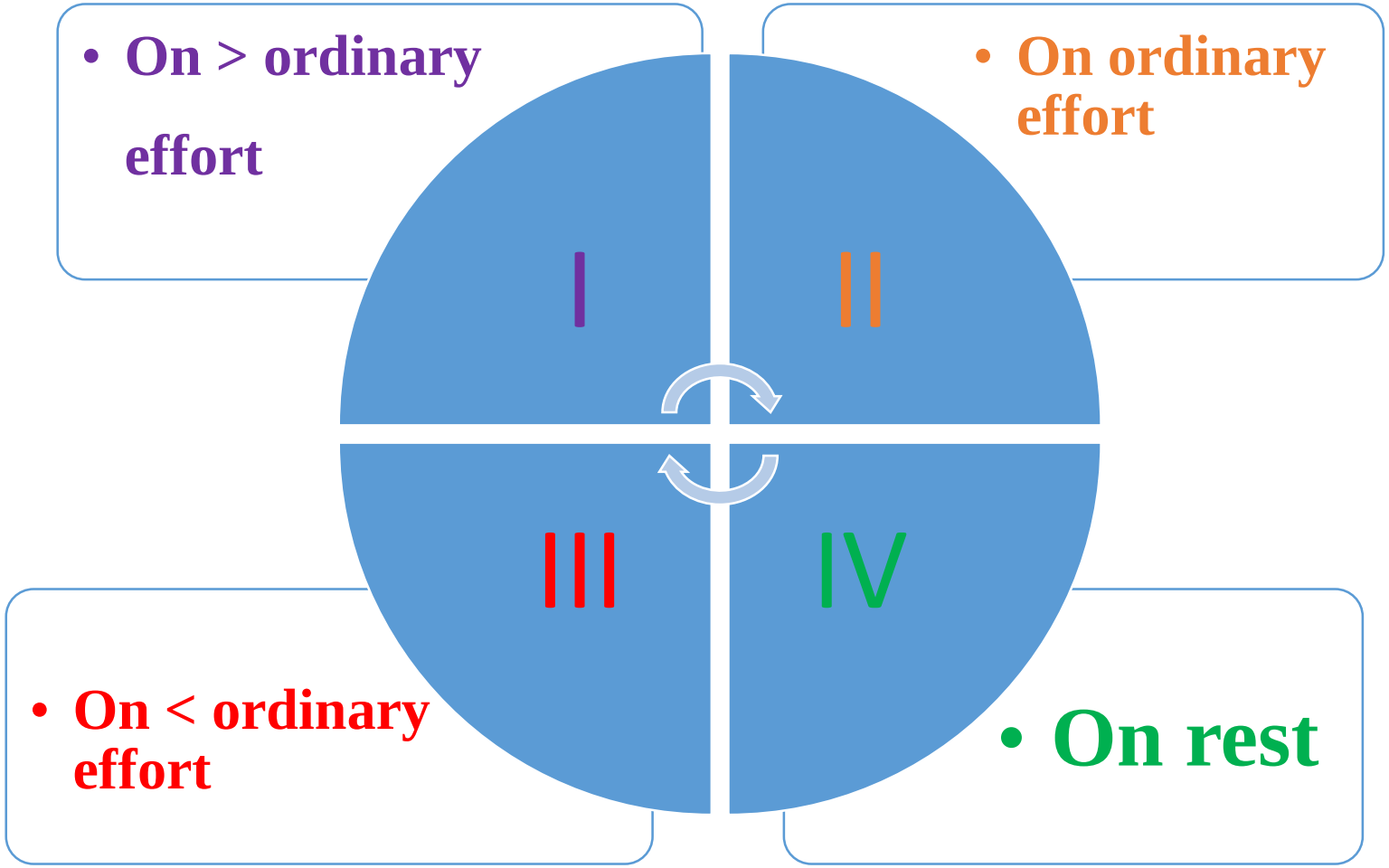
Abnormally uncomfortable awareness of act of beathing= shortness of breath.

Orthopnea

Dyspnea on lying flat relieved with erect position.

Paroxysmal nocturnal dyspnea

Dyspnea, cough & wheezes developed after 1, 2 hours after sleep, awaken patient, also called cardiac asthma.



New York Heart Associaion {NYHA} classification of dyspnea

Cardiac asthma	Bronchial asthama
Any age	Young age
Associated cardiac synptoms	Associated chest symptoms
Short duration	Long duration
Resolved spontaneously	Resolved by bronchodilators
Inspiratory dyspnea	Expiratory dyspnea
Frothy sputum, may be blood tinged	thick

Pathogenesis of cardiac dyspnea

1 Mechanical factors:

Pulmonary venous congestion:

→ decreased lung compliance in LT sided heart failure or interstitial lung oedema and transudation in some alveoli or bronchial mucosa oedema.

Fatigue of respiratory muscles:

Due to low cardiac output →decreased respiratory muscle perfusion.

Pericardial &or pleural effusion →mechanical lung compression.

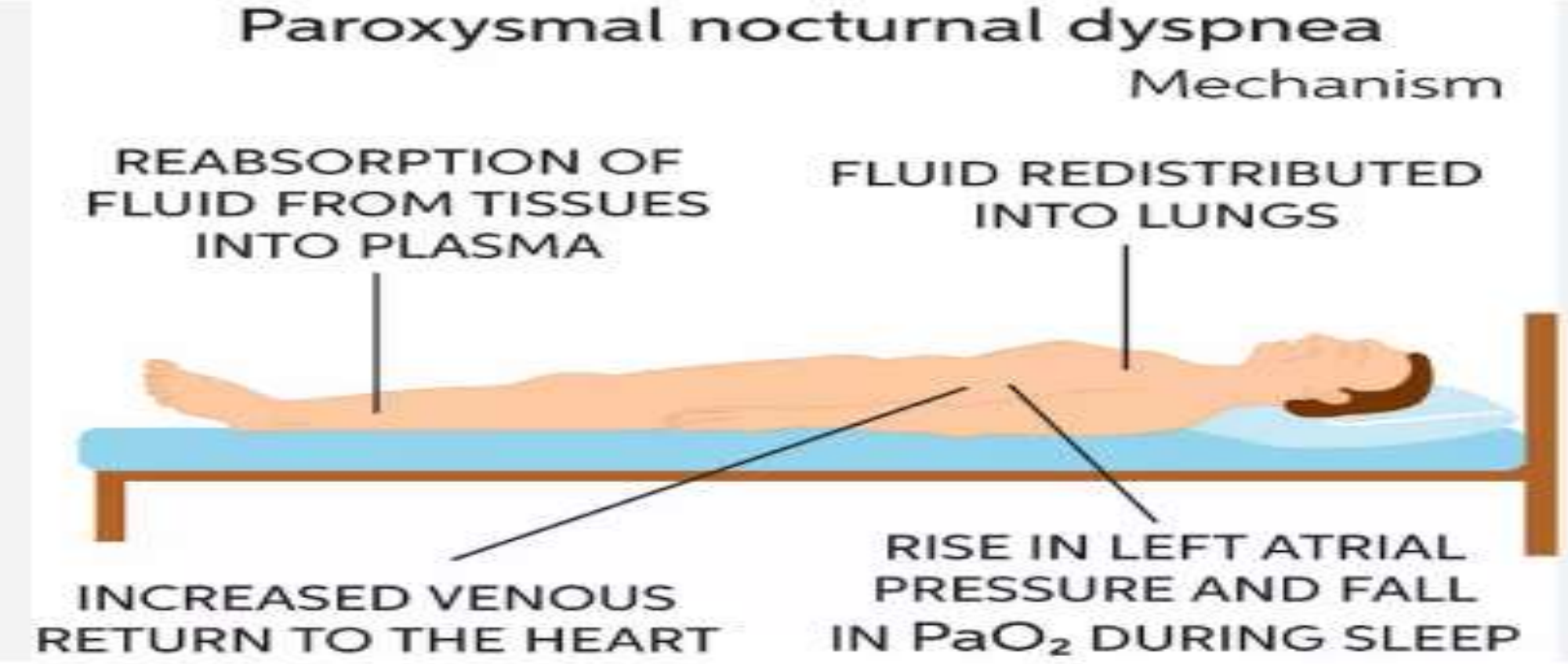
2 Chemical factors:

Pulmonary venous congestion and diminished tissue perfusion by low cardiac output→

Hypoxia, which stimulates respiration.

Mechanism of paroxysmal nocturnal dyspnea (PND)

1. Increased venous return (VR) during sleep.
2. Absorption of oedema fluid from circulation, increasing VR.
3. Diminished sympathetic activity during sleep →reduction of cardiac contractility.



Thank you