

Tikrit University

College of Nursing

Basic Nursing Sciences



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Adult Nursing

Head-to-Toe Assessment: Cardiovascular Assessment

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Head-to-Toe Assessment: Cardiovascular Assessment

safety considerations:

- Perform hand hygiene.
- Introduce yourself to patient.
- Confirm patient ID using two patient identifiers (e.g., name and date of birth).
- Explain process to patient.
- Be organized and systematic in your assessment.
- Use appropriate listening and questioning skills.
- Listen and attend to patient cues.
- Ensure patient's privacy and dignity.

Objective Data

Consider the following observations.

Colour of Skin & Mucous Membranes	Cyanosis (a bluish Colour) may suggest inadequate oxygenation
Temperature of Extremities	Hot skin may suggest fever and should be followed up with full vital signs, report to the primary prescriber, and investigation of any suspected sources of infection. Cold skin may suggest existing or new circulatory related issues.
Blood Pressure, Heart Rate, SpO₂	Baseline vital signs are important in any assessment. Vital signs should be compared to the patient's normal values. Patterns and trends outside of the normal range should be reported to the appropriate person.

Capillary Refill



Edema

Figure Hand edema

Edema

Figure Hand edema

Press on the nail beds of toes and/or fingers until there is (whiteness). Release the pressure and count how many seconds until the patient's full colour returns.

- **Brisk capillary refill:** < (less than) 3 seconds
- **Delayed capillary refill:** > (greater than) 3 seconds

Delayed cap refill may suggest cardiovascular or respiratory dysfunction and should be followed-up with a focused assessment.

Edema can be the result of many things, including:

- Inflammatory response from things like bee stings, or injury
- Altered venous return
- Diseases of the lymphatics
- Fluid shifts
- Side effects of some medications
- Circulatory overload



Figure Foot and ankle edema

- Heart failure

It is important to ask the patient if is this normal for them.

Observe limbs simultaneously in order to compare. Unilateral edema of the leg may suggest deep vein thrombosis (DVT).

Edematous tissue has a high risk of skin breakdown. Implement strategies to maintain skin integrity.

Palpate Extremities to Quickly Assess Colour, Warmth, Movement, and Sensation (CWMS), Capillary Refill of Hands and Feet




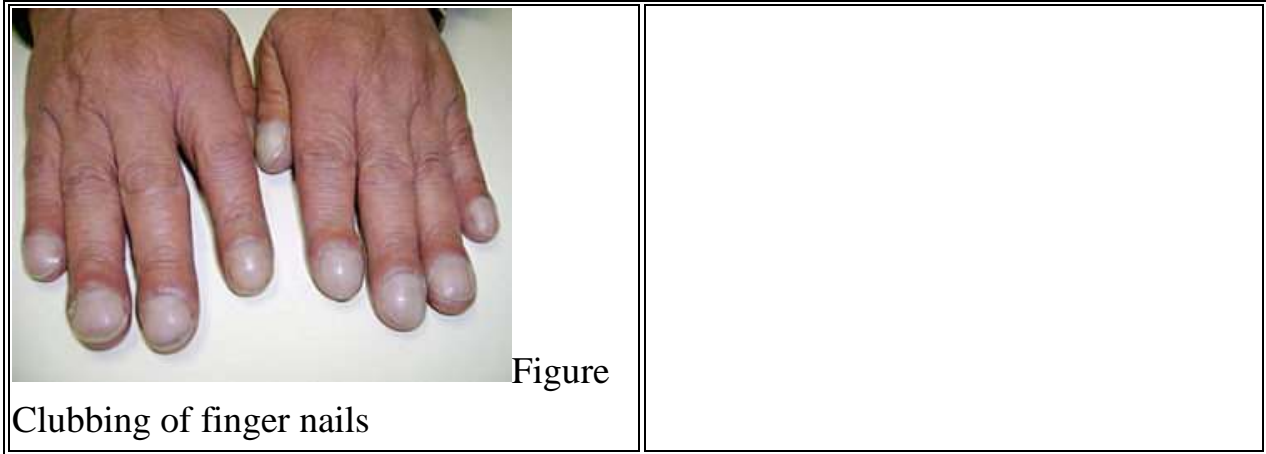
Colour and **warmth** provide information about perfusion.

Movement provides a brief overview about musculoskeletal function of extremities, which is affected by circulation.

Sensation: by asking if the client has numbness and/or tingling in extremities the nurse gets a brief overview of client baseline. Altered sensation may be the result of impaired neurological function or impaired perfusion.

Palpate pulses for symmetry in quality, rate, and rhythm. This provides

	<p>information about perfusion.</p> <p>Asymmetry in relation to assessment findings may indicate a number of things including cardiovascular conditions, history of injury, or post surgical complications.</p> <p>Report concerns to the appropriate healthcare professional.</p>
<p>Auscultate: Apical Heart Rate for Rate and Rhythm</p> 	<p>Apical pulses are assessed using a stethoscope placed over the 4th–5th intercostal space of the midclavicular line on the left side on adults. For accuracy, an apical heart rate should be taken for a full minute. Identify S1 and S2 and follow up on any unusual findings.</p>
<p>Clubbing of Nails</p>	<p>Clubbing of nails may suggest underlying cardio pulmonary dise</p>



Subjective Data

Ask about chest discomfort, pain, or pressure. All of these may be indicative of a larger cardiovascular issue. Reports of these must be followed up with a more detailed assessment and notification to the appropriate healthcare provider.

Rating of Edema			
Grade	Description	Depth of Indent	Time to Return to Normal
+1	Slight pitting, no visible change in the shape of the extremity;	0–1/4 inch (< 6 mm)	Rapidly
+2	No marked change in the shape of the extremity	1/4–1/2” (6–12 mm)	10–15 seconds
+3	Noticeably deep pitting, swollen extremity	1/2–1” (1–2.5 cm)	1–2 minutes
+4	Very swollen, distorted extremity	> 1 ” (>2.5 cm)	2–5 minutes

Adapted from Brodovicz et al., 2009