

# Cardiac Assessment Cheat Sheet

Hey there, friend!

I have a confession to make...

I didn't have a clue what I was doing when I started nursing school.

For real. I had no idea what a nursing assessment was, that something called an "IV pump" even existed, and I had no clue how to pronounce "Metoprolol" (it kept coming out like "metropol" for *monthsssssss...*).

And if that wasn't bad enough, during my first few assessments, I wasn't even sure where to put my stethoscope.

Ohhhhh dear...I was a mess.

Can you relate though??

We all have to start somewhere...

And when it comes to nursing school, that "somewhere" usually means wandering around confused 80% of the time. And the other 20%, we're just pretending like we know what's going on.

#nursingschoolproblems

**So in this cheat sheet, I'll walk you through how to do a perfect cardiac nursing assessment (without stress or overwhelm!)**

Here's what's included:

1. Cardiac Assessment Interview Questions
2. Cardiac Physical Assessment Walk-Through
3. Heart Sound Location Terminology
4. Heart Sound Locations
5. Cardiac Assessment Checklist

[And if you need more help with nursing fundamentals, be sure to check out this playlist on YouTube!](#)

Remember friend, you're not alone.

You will be an AMAZING nurse. And I'm here to help you make that happen. :)

All my best,  
Christina

# Cardiac Assessment Cheat Sheet

## **CARDIAC ASSESSMENT INTERVIEW QUESTIONS:**

### **Presenting Problem**

1. What brought you in today?
2. What symptoms are you having?
3. Are you currently in any pain?
4. How long have these symptoms been going on?
5. Is there anything that makes these symptoms worse or relieves them?
6. Are you taking any medications or supplements for these symptoms?

### **Personal Health History**

7. Do you smoke, use alcohol, or other drugs?
8. How often do you exercise?
9. What exercise activities do you usually do and for how long?
10. Describe what you typically eat for breakfast, lunch and dinner.
11. Have you had any heart surgeries in the past?
12. How would you describe your current level of stress?
13. How would you describe your stress level over the previous year?
14. Describe your typical day, whether at work or doing other activities.

### **Family History**

15. Does anyone in your family (who is living) have heart disease or any other cardiovascular issue?
16. If so, what are their ages?
17. Has anyone in your family passed away from cardiovascular disease?
18. If so, at what age did they pass away?

### **Physical Assessment Questions**

19. Do you ever experience chest pain?
20. Do you ever have a hard time catching your breath?
21. Do you ever feel like you don't have energy, are lethargic or fatigued?
22. Do you ever feel your heart pounding or racing?
23. Do you ever have swelling in your legs or feet?
24. Do you ever have wounds, especially on your feet and buttocks?
25. How long does it usually take for a wound to heal?

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## **CARDIAC PHYSICAL ASSESSMENT WALK-THROUGH:**

### **1. Inspection**

During the inspection part of the cardiac assessment, you'll be looking for things like mental status changes, skin color or temperature abnormalities, clubbed fingers, bulging veins or pulsations.

### **2. Palpation**

Palpation for the cardiac system can be used to locate dense areas or masses, pulsations, vibrations, thrills, or other abnormalities.

Lightly move your palms in a press and release motion (as if you were banging a piano) and move down the patient's chest, ending at the epigastric area of the belly.

Pay special attention to any pulsations (may indicate increase blood volume or heart failure) or vibrations, which may indicate a murmur.

### **3. Percussion**

Percussing over the heart can help you determine if there are any anatomical abnormalities of the heart, such as stark enlargement, or misplacement.

Percuss along the intercostal spaces.

### **4. Auscultation**

There are 5 primary stethoscope placements for your nursing assessment: the aortic valve, pulmonic valve, Erb's point, tricuspid valve and the mitral valve.

## **HEART SOUND LOCATION TERMINOLOGY:**

These placement locations are described using three phrases: intercostal space, sternal boarder, and midclavicular.

### **Intercostal Space**

An intercostal space is the space between the ribs. So the first intercostal space is right below the collar bone (clavicle) and the first rib, the second is right below the second rib, and so on. So if you are looking for the 4th intercostal space, you will count the spaces between the ribs and land on the fourth space.

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## **Sternal Boarder**

The sternal boarder is the outline of the sternum, where your sternum meets the ribs. So if you are looking for a placement that is left of the sternal border, you will find the sternum and feel to the left of it and find the point where the sternum meets the ribs, and that is your placement.

## **Mid Clavicular**

The clavicle is your collar bone. Mid clavicular means in the middle of the collar bone. To find heart sounds along the midclavicular line, draw an imaginary line down the center of the collar bone to the bottom of the ribs. Your stethoscope placement should be on or close to that imaginary line.

## **HEART SOUND LOCATIONS:**

### **Aortic Valve**

The aortic valve is heard at the 2nd intercostal space, right of the sternal border. This means you will find the outline of the patient's sternum on their right (not your right) and count down 2 spaces between ribs. Place your stethoscope at this point and you should hear a clear heart sound.

### **Pulmonic Valve**

The pulmonic valve is heard at the 2nd intercostal space, left of the sternal border. So once you've found the aortic valve, you can just move your stethoscope along the same line (2nd intercostal space) to the left of the sternum. Don't worry if you lose your placement, just simply count the spaces between ribs again.

### **Erb's Point**

Erb's point can be heard at the 3rd intercostal space, left of the sternal boarder. From the pulmonic valve, just move your stethoscope down one intercostal space.

### **Tricuspid Valve**

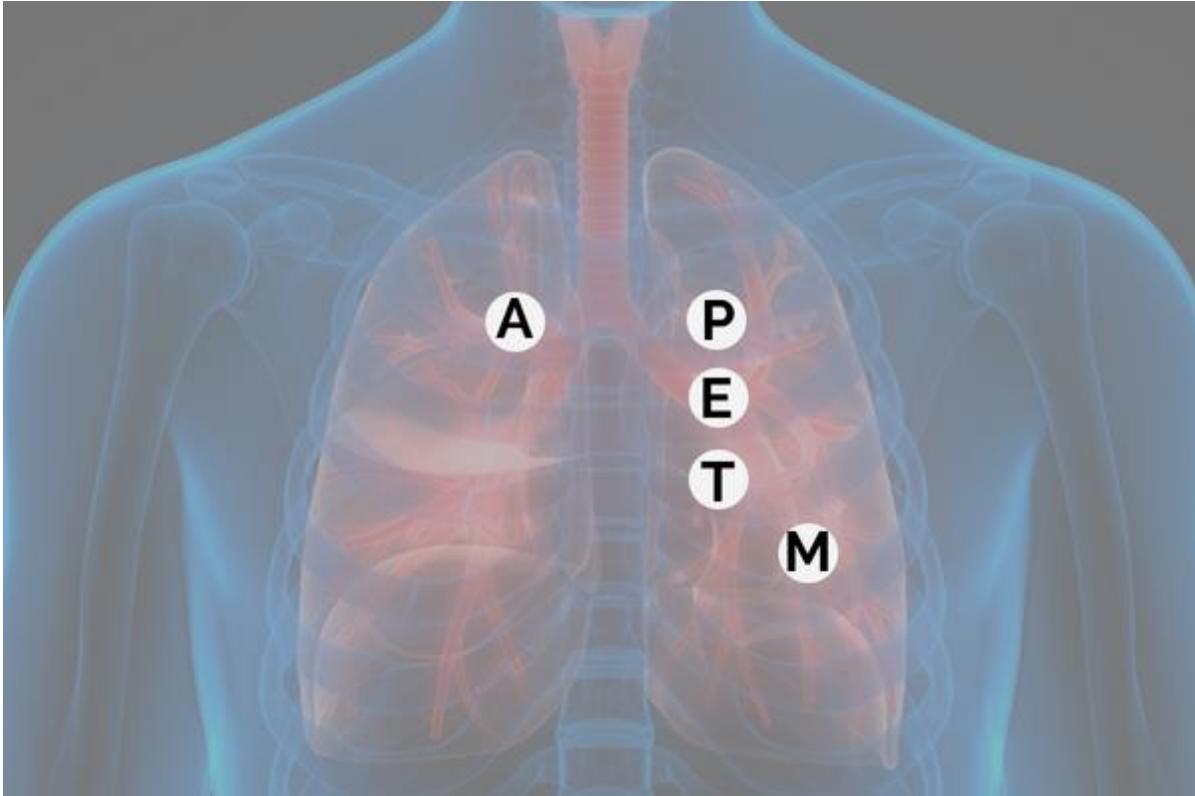
The tricuspid value can be heard at the 4th and 5th intercostal spaces, left of the sternal border. From Erb's point, move your stethoscope down either one or two more spaces.

### **Mitral Valve**

The mitral valve is heard at the 5th intercostal space at the midclavicular line. Draw that imaginary line from the center of the clavical down to the bottom of the rib cage. Move your stethoscope to where the 5th intercostal space meets that line.

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## Stethoscope Placement Locations



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## **CARDIAC ASSESSMENT CHECKLIST:**

Print this checklist out and take it to clinical with you so you always remember what to assess.

### **Inspection**

1. Are they alert and oriented?
  - a. Mental status changes may indicate a lack of blood flow to the brain
2. Are they overweight or thin?
3. Is their skin pale, moist, dusky, or another abnormal color?
4. Are their fingers clubbed?
  - a. This indicates a lack of oxygen for an extended period of time
5. Do they have bulging neck veins (jugular vein distention)?
  - a. May indicate right sided heart failure
6. Do they have any other bulging veins or pulsations?

### **Personal Health History**

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  - a. If so, what are their ages?
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  - a. If so, at what age did they pass away?

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## Physical Assessment Components

24. Listen to their heart in all heart sound locations.
25. Notice any abnormal sounds and document accordingly (ask if you're unsure).
26. Listen to their heart for one whole minute at the mitral valve placement
  - a. This is known as the "point of maximal impulse" (PMI)