



Cardiac Surgery History & Physical Exam

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I. Introduction

The first meeting with the patient is often the most important as we can help patients through a difficult and often stressful time. By approaching each patient in a respectful and professional manner, a medical relationship can be established that will make the remainder of the exam more comfortable.

II. History & Physical Exam

- A. **Preparation** – prepare yourself by taking time to review the patients chart including: past medical history, comorbidities, labs, diagnostic results, etc.
- B. **Interview** – make your first impression a good one. Smile and use their proper name. Introduce yourself while making good eye contact and shake their hand.

Chief Complaint – what the patient complains about (SOB/CP), sometimes listed on the consulting Cardiac Surgery H&P as the specific disease process that has already been worked up (severe coronary artery disease, aortic stenosis, etc.).

History of Present Illness (HPI) - A concise overview of the events leading to the diagnosis and the consult requiring your H&P. It should include an accurate description of symptoms including:

- ♥ Onset (with activity or rest)
- ♥ Severity (0-10 scale)
- ♥ Radiation (arms, neck, jaw, back)
- ♥ Aggravating / Alleviating / Associated Symptoms (diaphoresis, SOB, N/V, syncope)
- ♥ Character (sharp, dull, pressure)
- ♥ Location
- ♥ Duration

Also include important diagnostic tests already performed such as: pertinent lab values, EKG, Echo, cardiac catheterization results, pulmonary function tests, etc.

Allergies - Always ask the patient regardless of what is says on the chart. Ask specifically about medications, foods, tape, latex, and shellfish (may have reaction to protamine). If patient denies any allergies, you can write NKDA (no known drug allergies)

Medications - Review and confirm with the patient. Document dosage, frequency and purpose.
Lasix (furosemide) 20 mg po bid for lower extremity edema
Lopressor (metoprolol) 25 mg po bid for history of atrial fibrillation
Zocor (simvastatin) 40 mg po qhs for hyperlipidemia
Plavix (clopidogrel) 75 mg po qam for coronary stent placement in 2010

Past Medical History - Ask about previous medical conditions paying particular attention to cardiac risk factors such as: HTN, diabetes, hypercholesterolemia, rheumatic fever, peripheral vascular disease, renal disease, liver disease etc. Also include history of blood transfusions.

Past Surgical History - Include all surgeries with dates and places if possible. Vasectomy can induce sperm antibody production causing a potential allergic reaction to protamine.

Social History

- ♥ Marital Status & children
- ♥ Tobacco history
- ♥ Activity Status
- ♥ Residence
- ♥ Alcohol history
- ♥ Caffeine usage
- ♥ Occupation
- ♥ Recreational Drug use
- ♥ Religion

Family History - Include significant family medical history. Include current age or age at time of death.

F ↓ 55yo MI (↓= deceased)

M ↑ 88yo, type II DM (↑=still alive)

Review of Systems (ROS)

General – fever, chills, fatigue, night sweats, weight changes, weakness

HEENT – problems with vision, sinuses, teeth, hearing, dysphagia, hoarseness, etc.

Lungs – wheezing, cough, hemoptysis, SOB, TB

Cardiac – chest pain, orthopnea, PND, syncope, murmur, history of rheumatic fever

GI – pain, bleeding, N/V/D/C, reflux, PUD, hemorrhoids, hepatitis, history of liver problems

GU – history of kidney problems, dysuria, incontinence, vasectomy, prostate

MS/Rheum – arthritis, joint replacements, history of steroid use

Neuro – history of stroke, headaches, seizures, paresthesias/numbness

Skin – rash, easy bruising

Endocrine- diabetes, thyroid disease, adrenal insufficiency, pituitary tumor

Psych – anxiety, depression, bipolar disease

- C. **Physical Exam** – time to use our skills from PA school, includes: inspection, palpation, percussion, auscultation, and special exam tests. Example of a patient noted below.

Vital Signs (VS)

Temperature, heart rate, blood pressure (both arms), respirations, pulse oximetry & pain

T 37.8, HR: 88 and regular, BP: 130/78 R/L arms, R: 18 unlabored, Ox: 98% RA, Pain 0/10

Physical Exam

HEENT – NC/AT (normocephalic/atraumatic), PERRLA (pupils equal, round & reactive to light and accommodation), EOMI (extraocular muscles intact), hearing aids noted, poor dentition (may need teeth removed before valve surgery or anesthesia),

NECK – supple without thyroidmegaly, lymphadenopathy or bruits. Trachea midline. No JVD.

CHEST – slight pectus excavatum and kyphoscoliosis noted. No pain to palpation.

LUNGS – CTA s W/R/R (clear to auscultation without wheezes, rales or rhonchi)

HEART – RRR (regular rate and rhythm) II/VI systolic murmur radiating to neck, no gallops or rubs

ABDOMEN – Soft, NT/ND (nontender, no distention), ØHSM (no hepatosplenomegaly), ØCVA tenderness

VASCULAR – Right groin cardiac catheterization puncture site (or radial, good to know if you have to do a cut down in the OR), pulses 2/4 throughout, no bruits. Negative Allen's test in Right arm (patient not able to have radial used as conduit from right arm)

LOWER EXTREMITIES – no varicosities, clubbing, edema or cyanosis

NEURO – Right handed (for possible radial harvesting), A/O x 3, CN/sensory/motor/strength all normal

Adapted from clinical experience, St. Joseph Mercy Hospital- PA Residency in Cardiothoracic Surgery

“The History & Physical Exam in the Cardiothoracic Surgical Patient”, &

Bojar, R (2005) *Manual of Perioperative Care in Adult Cardiac Surgery*, 4th edition, pg 83-106