9.1: Cardiovascular Assessment Introduction

Learning Objectives

- Perform a cardiovascular assessment, including heart sounds; apical and peripheral pulses for rate, rhythm, and amplitude; and skin perfusion (color, temperature, sensation, and capillary refill time)
- Identify S1 and S2 heart sounds
- Differentiate between normal and abnormal heart sounds
- Modify assessment techniques to reflect variations across the life span
- Document actions and observations
- Recognize and report significant deviations from norms

The evaluation of the cardiovascular system includes a thorough medical history and a detailed examination of the heart and peripheral vascular system. Nurses must incorporate subjective statements and objective findings to elicit clues of potential signs of dysfunction. Symptoms like fatigue, indigestion, and leg swelling may be benign or may indicate something more ominous. As a result, nurses must be vigilant when collecting comprehensive information to utilize their best clinical judgment when providing care for the patient.