
心臟血管系統的生理 及身體評估

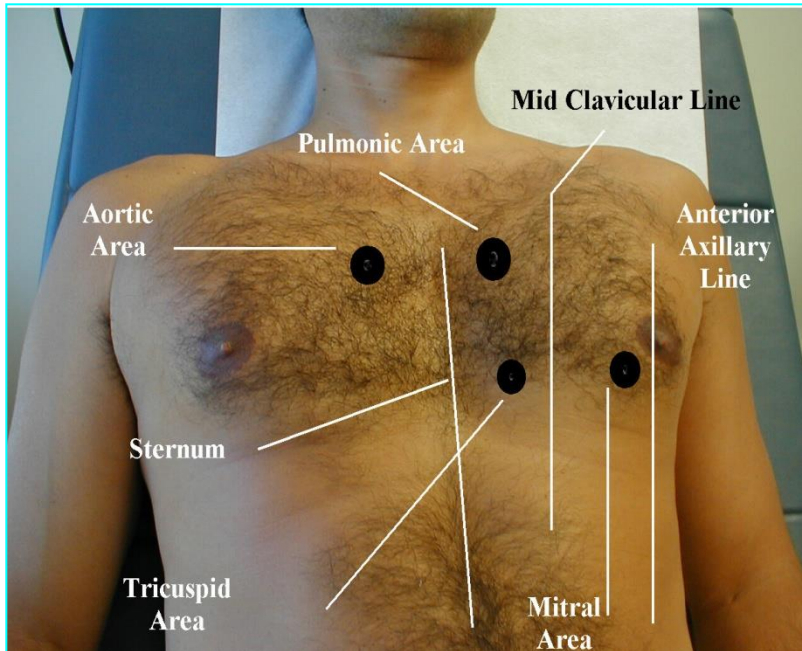




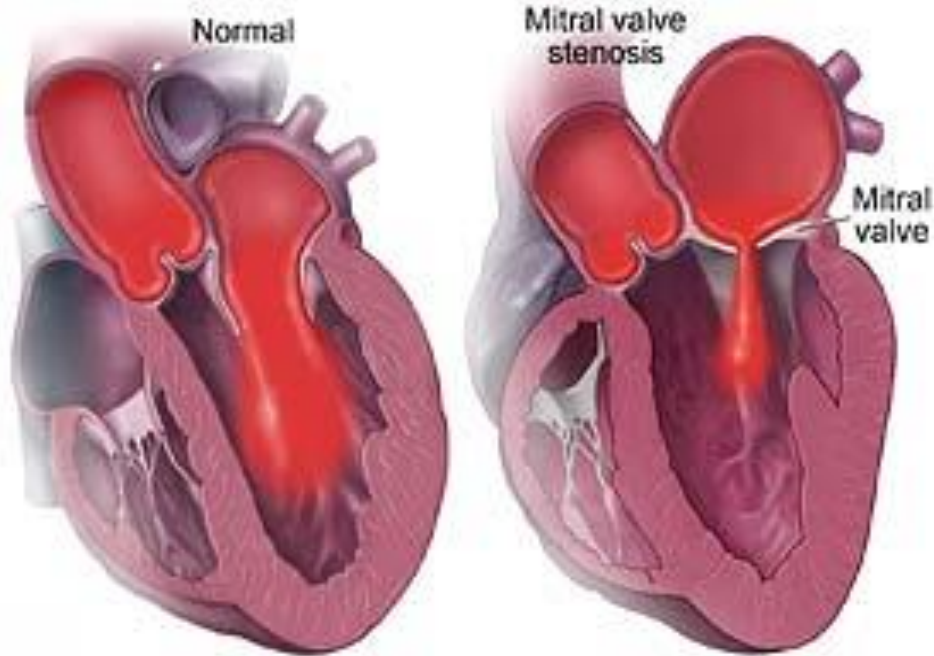
Bell

Diaphragm

Auscultation of the Heart

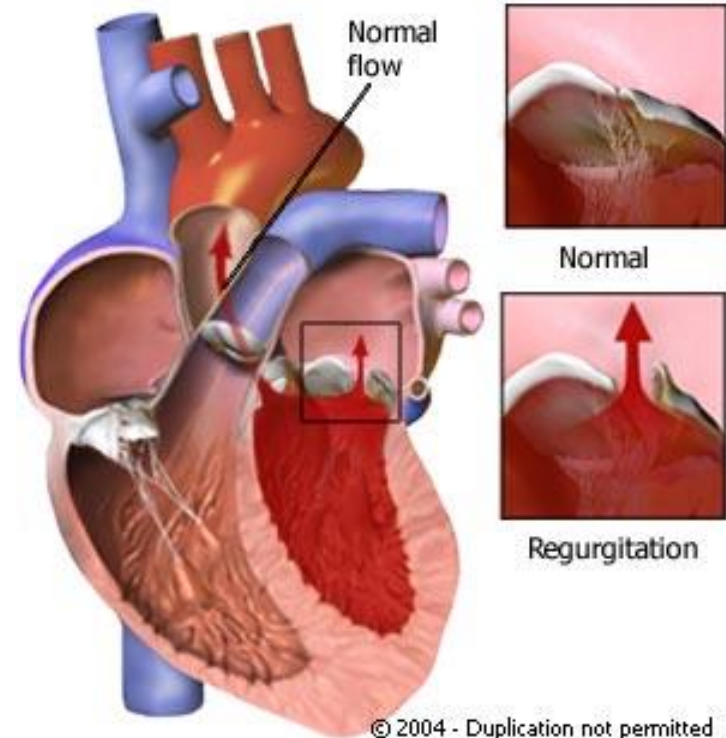


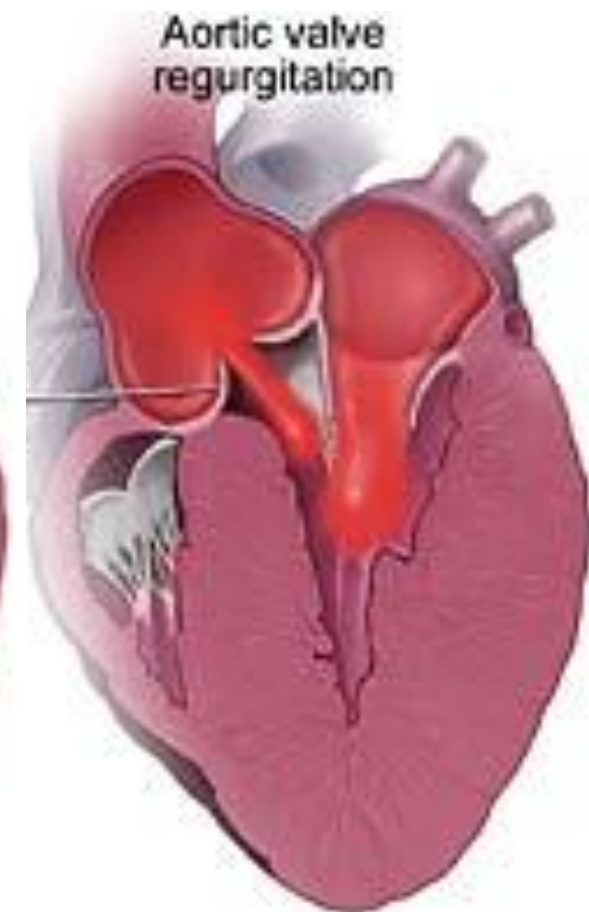
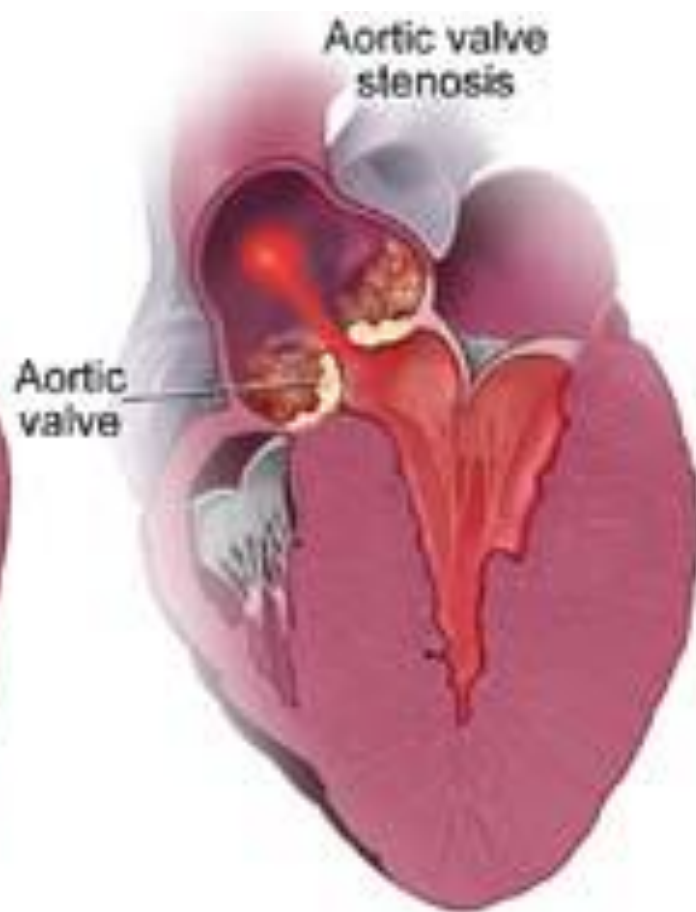
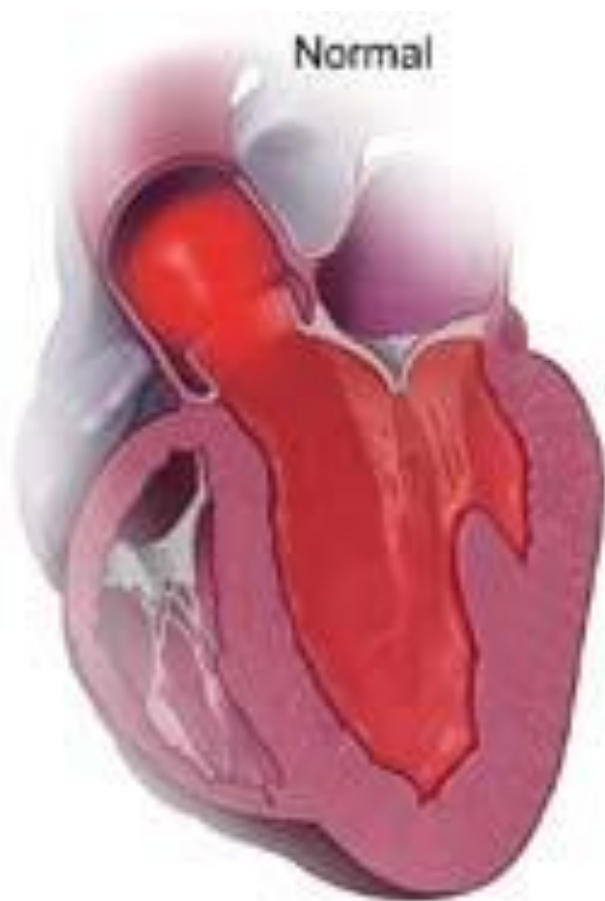
Valvular Heart Disease



Valvular Regurgitation

A condition in which blood leaks in the wrong direction because one or more heart valves closes improperly. Mitral valve prolapse (illustrated here) is a common cause of regurgitation.





The Heart Murmurs

- **Systolic murmurs**
 - Early systolic, midsystolic, late systolic, holosystolic (pansystolic)
- **Diastolic murmurs**
 - Early diastolic, mid-diastolic, late diastolic or presystolic
- **Continuous murmur**

Grading The Intensity Of Murmur

Murmur Grades

Grade	Volume	Thrill
1/6	very faint, only heard with optimal conditions	no
2/6	loud enough to be obvious	no
3/6	louder than grade 2	no
4/6	louder than grade 3	yes
5/6	heard with the stethoscope partially off the chest	yes
6/6	heard with the stethoscope completely off the chest	yes

Systolic murmurs

- **Holosystolic (pansystolic) murmurs**
 - MR, TR, VSD
- **Early systolic murmur**
 - Some forms of MR, TR and VSD
 - Aortic regurgitation
- **Late systolic murmur**
 - MVP

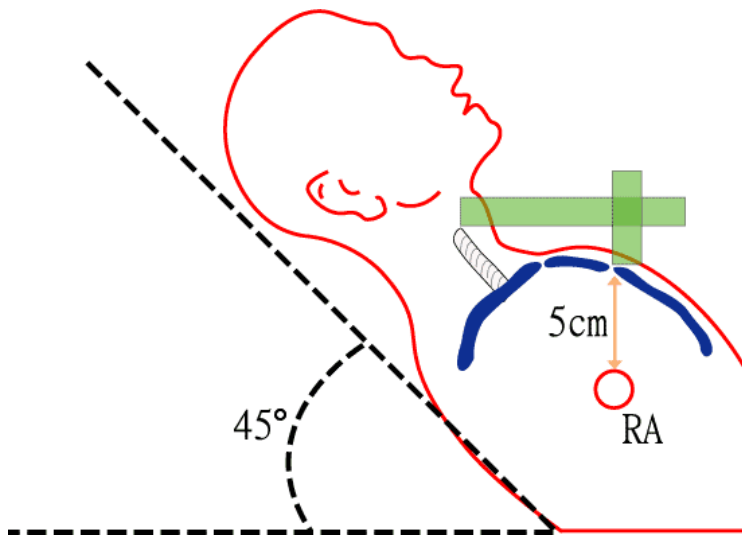
Systolic murmurs

- **Holosystolic (pansystolic) murmurs**
 - MR, TR, VSD
- **Early systolic murmur**
 - Some forms of MR, TR and VSD
 - Aortic regurgitation
- **Late systolic murmur**
 - MVP

Systolic murmurs

- **Holosystolic (pansystolic) murmurs**
 - MR, TR, VSD
- **Early systolic murmur**
 - Some forms of MR, TR and VSD
 - Aortic regurgitation
- **Late systolic murmur**
 - MVP

- The patient should be **supine and reclined at a 45 degree angle**



EVALUATING JUGULAR VEIN DISTENTION

With the patient in a supine position, position him so that you can visualize jugular vein pulsations reflected from the right atrium. Elevate the head of the bed 45 to 90 degrees. (In the normal patient, veins distend only when the patient lies flat.) Next, locate the angle of Louis (sternal notch) — the reference point for measuring venous pressure. To do so, palpate the clavicles where they join the sternum (the suprasternal notch). Place your first two fingers on the suprasternal notch. Then without lifting them from the skin, slide them down the sternum until you feel a bony protuberance — this is the angle of Louis.

Find the internal jugular vein (which indicates venous pressure more reliably than the external jugular vein). Shine a flashlight across the patient's neck to create shadows that highlight his venous pulse. Be sure to distinguish jugular vein pulsations from carotid artery pulsations. One way to do this is to palpate the vessel: Arterial pulsations continue, whereas venous pulsations disappear with light finger pressure. Also, venous pulsations increase or decrease with changes in body position; arterial pulsations remain constant.

Next, locate the highest point along the vein where you can see pulsations. Using a centimeter ruler, measure the distance between that high point and the sternal notch. Record this finding as well as the angle at which the patient was lying. A finding greater than $1\frac{1}{4}$ " to $1\frac{1}{2}$ " (3 to 4 cm) above the sternal notch, with the head of the bed at a 45-degree angle, indicates jugular vein distention.

