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Nutritional Assessment

Measurements

Clinical Features

Symptoms

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Signs

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Laboratory Tests

Types of Cyanosis

Table 2.2: Types of cyanosis	
Central cyanosis	Peripheral cyanosis
1. Generalized	Localized to the dependent parts
2. Extremities are warm	Extremities are cold
3. Tongue and lips —affected	Tongue and lips —not affected

Central cyanosis:

Causes of central cyanosis:

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Pigmentary cyanosis:

Comparative values at which cyanosis is clinically evident:

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Table 3.1: Difference between venous and arterial pulsations.	
Venous	Arterial
1. It is wave-like	It is sharp and thrust-like
2. 2–3 waves per beat	Single wave per beat
3. Visible but not palpable	Felt better
4. Superficial	Deep
5. Upper level rises with expiration	No such effect
	Recumbency, and abdominal compression
6. Raised levels associated with venous engorgement elsewhere in the body	No such association

Normal JVP is 5–10 cm H₂O

Clinical Assessment

- External jugular vein:* Right side preferred because of direct communication with the right atrium. Patient at 45° semirecumbent position, when the vessel is fully distended. Measure the vertical distance in cm from the top of the column of the blood to the sternal angle during quiet respiration.
- JVP is regarded as raised if jugular pulsation is visible or the internal jugular vein is seen to be distended with the patient sitting erect.
- Gaertner’s method:* Using the antecubital vein or a superficial hand vein.
- May’s sign:* Seeing the veins over the under surface of the tongue in sitting position.

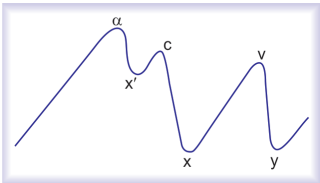


Fig. 3.7: Normal JVP tracing

Normal Tracing by Mackenzie’s Polygraph (Fig. 3.7)

- 3 +ve waves: a, c, v
- 3 –ve waves: x', x, y
- a – because of atrial systole
- x' – atrial diastole or adynamic phase of atria systole
- c – isometric contraction of ventricular systole – bulging of AV valves into the atria
- a-c interval similar to p-r interval of ECG – indicates conduction time of bundle of His
- x – atrial diastole
- v – caused by the gradual filling of atria. The summit of v wave indicates end of ventricular systole
- y – because of atrial systole, sets in after the opening of the AV valves.

Abnosmal JVP

- Exaggeration of the normal "a" wave:* Most common abnormality causes
 - Pulmonary hypertension
 - Congenital pulmonary stenosis
 - Tricuspid stenosis
 - Atrial septal defect

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Examination of Swelling

SWELLINGS

Acquired swellings can be classified as follows

- Traumatic*
- Swellings with signs of acute inflammation*
- Reducible swellings*
- Swellings which are compressible*
- Swellings which are pulsatile*

- Swellings which are by and large asymptomatic initially*

Examination of Swelling

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