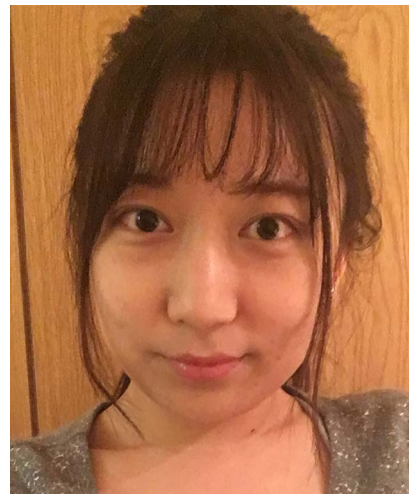




# Educational Resources in International Languages

心脑血管系统检查



*Translated from English to Chinese by:*

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1. 首先自我介绍，征得考官允许后开始进行检查
2. 简单地询问患者身体状况
  - o 舒适/不适
  - o 现在状态是否舒服？
  - o 是否有哪里疼痛？
  - o 呼吸正常吗？
  - o 面色是否苍白？
  - o 发汗与否？
  - o 辅助工具查看（例如：GTN喷雾，氧）
3. 查看患者手部
  - o 是否有贫血迹象
  - o 周围性紫绀
  - o 是否有抽烟迹象——尼古丁染色
  - o 是否出现杵状指——心血管疾病导致的：
    - 紫绀型心脏病
    - 感染性心内膜炎
    - 心房粘液瘤
  - o 感染性心内膜炎症状
    - 裂片型出血
    - 奥斯勒氏结
    - 无痛性红斑
  - o 肌腱黄色瘤
4. 触摸患者桡动脉脉搏
  - a. 确认
    - o 跳动频率：正常/非正常
    - o 跳动速度
  - b. 抬起患者的手臂（记得首先询问患者的肩膀疼痛情况！），触诊陷落脉

用拳头的尺侧缘轻轻叩击从颈部到髋髂关节部位



快速抬起患者前臂的同时，用三根手指触诊患者的桡脉搏以感受陷落脉

图1.1. 快速抬起患者前臂的同时，用三根手指触诊患者的桡脉搏以感受陷落脉

- c. 分别触诊患者两侧桡动脉，检查是否出现径向延迟
  
- 5. 观察患者脸部
  - a. 检查是否有
    - o 颧颊潮红
    - o 角膜弓
    - o 黄斑瘤
  - b. 观察结膜，看是否有患贫血症迹象
  - c. 请患者张开嘴并伸出舌头
    - o 观察中枢性紫绀和牙齿状态
  
- 6. 感受颈动脉跳动
  - o 确定性征。看跳动频率是否会缓慢上升（即主动脉瓣狭窄）

## 7. 检查颈静脉搏动

使患者身体呈45度角，并请其将头转向左边

- o 观察外表呈现
- o 评测
  - 胸骨角突出高度
  - 脉动及电子波形（如果不正常情况出现）
- o 检查肝颈反回流
  - 按压患者右上腹（首先询问患者是否有痛感！），观察其颈静脉搏动是否加快

## 8. 检查胸腔

### a. 进行检查

- o 旧术后疤
  - 正中胸骨切开术（冠状动脉分流术，瓣膜手术）
  - 侧胸廓切开术（常见于年长患者群体的二尖瓣手术）
- o 非正常脉搏跳动

### b. 触诊

- o 确定心尖搏动位置
- o 感受起伏（有力的心室收缩）和颤动（明显可感知的杂音）



触诊患者心尖搏动。用左手计数患者肋间隙搏动，正常情况下，心尖搏动的位置通常位于第五肋间隙，锁骨中线处。

图1.2. 触诊患者心尖搏动。用左手计数患者肋间隙搏动，正常情况下，心尖搏动的位置通常位于第五肋间隙，锁骨中线处。

- c. 听诊
    - o 四个听诊区
      - 心尖区
      - 三尖瓣区
      - 肺动脉瓣区
      - 主动脉瓣区
    - o 颈动脉杂音听诊（让患者屏住呼吸）
    - o 使用导管检查心尖（听是否有二尖瓣狭窄迹象）及胸骨左缘（听第三和第四心音）
  - d. 从左侧转动病人
    - o 再次感受心尖搏动（它可能移位）
    - o 用导管听患者吸气及呼气时的心尖瓣，检查是否有由于二尖瓣狭窄导致的舒张期杂音
- 听诊患者用隔膜呼吸时的心尖及腋下，检查是否有因二尖瓣回流



用听诊器听诊患者二尖瓣区部位，然后请患者向左侧倾躺，这样更利于听出由于患者二尖瓣狭窄而导致的舒张期杂音的咕噜声。

图1.3. 用听诊器听诊患者二尖瓣区部位，然后请患者向左侧倾躺，这样更利于听出由于患者二尖瓣狭窄而导致的舒张期杂音的咕噜声。

- o 导致的全收缩期杂音
  - e. 使患者面朝前坐着
    - o 听患者呼气及吸气时的胸骨左侧
- 患者屏住呼吸时最可能听出是否存在主动脉回流
- 9. 听肺部基底
    - o 患者若有左心衰竭状况，则可能会听到吸气时的捻发音

10. 感受骶骨浮肿

11. 感受踝关节浮肿  
首先询问患者是否有痛感

12. 完成检查

表明你还希望

- o 进行血压检测
- o 感受周围血管搏动
- o 检查放射股骨延迟
- o 对患者的肝脏和脾脏进行触诊

13. 感谢患者的配合



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