Examination of carotids

Assessment of competences for ANP/ACP/SCP

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- |
|  | **NOT competent** | **Competent** | **Signature and date** |
| Examination of carotids |
| 1 | General inspection* Head and neck position
* Symmetry
* Mention:
* Rate
* Rhythm
* Amplitude
 |  |  |  |
| 2 | Palpation* Position fingers on sternocleidomastoid muscle
* Bilateral pulses
* Rate
* Rhythm
* Character
* Volume
 |  |  |  |
| 3 | Auscultation* Ask patient to breathe in and expire, then hold their breath
* Place stethoscope over the sternocleidomastoid area and comment on:
* Rate
* Rhythm
* Flow (normal/turbulent)
* Relevant patient Hx
 |  |  |  |
| 4 | * Knowledge of British, European and American guidelines for conservative management/intervention
* Relevant patient history of aortic stenosis including previous CVA, TIA, CHD and neurological deficit
* Relevant investigations and management plan
 |  |  |  |
| **Assessor’s comments**: |
|  |
| **This practitioner has completed these outcomes to the appropriate standard.****Assessor’s name:****Signature and date:** | **Practitioner’s signature:****Date:** |