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:** | | |