The Cardiovascular System

HASPI Medical Anatomy & Physiology 13a Station Lab Activity

Name(s):	
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Period:				

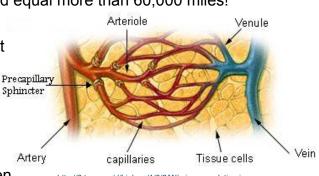
Background

The Cardiovascular System

The cardiovascular system is made up of the heart, blood, and blood vessels. It functions as the freeway of your body by carrying oxygen, carbon dioxide, nutrients, waste produces, and even medications to and from organs, tissues, and cells. The blood vessels act as the road or path, the blood is the vehicle that substances travel upon, and the heart is the pump that keeps everything moving. In fact, all of the blood vessels in your body would equal more than 60,000 miles!

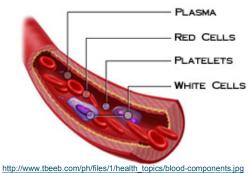
The Blood Vessels

The blood vessels travel in one direction, leaving the heart through arteries. Twenty major arteries travel through the body and branch into smaller blood vessels, called arterioles. The arterioles get even smaller and branch into blood vessels that are a single cell thick, called capillaries. Capillaries are the most abundant blood vessels in the bodyand are so small that red blood cells must travel in single file. Because of their thinness, oxygen,



Date:

http://0.tqn.com/d/biology/1/0/2/W/microcurculation.jpg carbon dioxide, nutrients, and wastes easily diffuse out of capillaries into the tissues and cells that surround them. The capillaries pass through the tissues of the body, dropping off and picking up substances, and then begin to group together to become venules. Venules eventually join together and form veins, that end up back at the heart to start the path through the body all over again. Veins and venules have specialized valves to prevent blood from flowing backward.

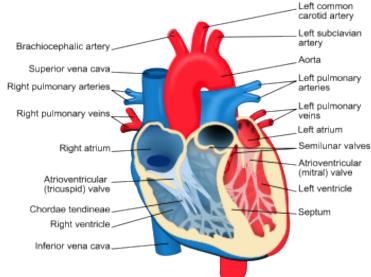


The Blood

A healthy adult contains approximately 5 liters of blood. Blood is a liquid made up primarily of plasma, red blood cells, white blood cells, and platelets. Plasma is mainly water with a variety of dissolved substances and nutrients. Red blood cells function to carry oxygen and carbon dioxide molecules between the lungs and the cells of the body. White blood cells function in immunity, allowing our bodies to recognize and fight off infections. Platelets function to help stop bleeding when a blood vessel is damaged.

The Heart

The heart is one of, if not the most important, organ of the body and will beat more than 3 billion times in an average lifetime. It is made up of strong cardiac muscle tissue that contracts Right pulmonary arterie continually for the entire lifetime of an individual. The heart creates its own electrical impulses through cardiac conduction, that keeps the heart beating regularly. The contraction of the heart expels blood out of four chambers within the heart that are the right atrium, right ventricle, left atrium, and left ventricle. The blood is pushed forward out through arteries, and specialized valves prevent the blood from flowing backward.



The Path of Blood

Blood flows through the heart in a one-way path.

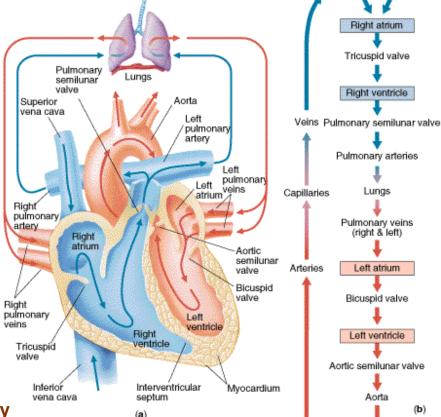
- Blood that is oxygen-poor and carbon dioxide-rich returns to the heart through two large veins

 the superior vena cava (enters the heart at the top) and inferior vena cava (enters the heart at the bottom.)
- 2. Blood is pumped into the **right atrium** and is then pushed through the **tricuspid valve** into the **right ventricle**.
- 3. The right ventricle contracts and pushes blood through the **pulmonary semilunar valve** into the right and left **pulmonary arteries**.
- 4. The pulmonary arteries lead to the **lungs** where the red blood cells will pick up oxygen and release carbon dioxide.
- 5. Blood that is now oxygen-rich and carbon dioxide-poor returns back to the heart through the right and left **pulmonary veins**.
- 6. Blood is pumped into the **left atrium** and is then pushed through the **bicuspid valve** (also known as the mitral valve) into the **left ventricle**.
- 7. The left ventricle contracts and pushes blood through the **aortic semilunar valve** into the **aorta**.
- 8. The aorta branches out into smaller arteries that lead to the rest of the body.

To Summarize:

- Superior & Inferior Vena Cava
- Right Atrium
- Tricuspid Valve
- Right Ventricle
- Pulmonary Valve
- Pulmonary Arteries
- LUNGS
- Pulmonary Veins
- Left Atrium
- Bicuspid or Mitral Valve
- Left Ventricle
- Aortic Valve
- Aorta

http://circulatorysystemlesson.wikispaces.co m/file/view/BloodFlowPhysiology.gif/8443093 3/BloodFlowPhysiology.gif



Inferior vena cava Superior vena cava

Circulation Through the Body

There are three main paths, or circulations, along which blood travels.

Pulmonary Circulation – Blood is pumped from the heart to the lungs through pulmonary arteries where it picks up oxygen and releases carbon dioxide. The blood then returns to the heart through pulmonary veins.

Systemic Circulation – Blood is pumped from the heart through arteries to the rest of the body and then returns to the heart through veins.

<u>Coronary Circulation</u> – Arteries and veins connected to the aorta provide blood to the actual heart muscle.

Cardiovascular Disorders

A healthy cardiovascular system is crucial for overall health. A variety of abnormalities caused by disease or disorders can affect the ability of the heart, blood, and blood vessels to circulate important substances around the body. The following table summarizes only a few common disorders. Prevalence and mortality is based on annual numbers from 2009 in the U.S.

Cardiovascular Disorder	Description	Symptoms	Prevalence	Annual Mortality Rate
Heart Disease	A collection of disorders that affect the function of the heart	Chest pain, palpitations, shortness of breath, fatigue	26.5 million	597,689
Hemophilia	Blood does not clot normally	Uncontrollable bleeding	97,000	78
Leukemia	Cancer of the blood cells	Fever, headaches, bruising, bone and joint pain, swollen lymph nodes, infections	1,012,533	53,010
Anemia	Lack of healthy red blood cells in circulation	Fatigue, headaches, lack of focus, shortness of breath	9% of females 4% of males	4,852
Abdominal Aortic Aneurysm	Rupture of the aorta extending into the abdomen	Sudden and severe chest and abdominal pain	176,913	15,806
Cerebral Aneurysm	Rupture of a blood vessel in the brain	Vision issues, confusion, headache, weakness, nausea	30,000	12,000
Stroke	Lack of blood and oxygen to a portion of the brain	Change in senses, confusion, muscle weakness, numbness	6.2 million	129,476
Hypertension	High blood pressure	Asymptomatic	31.9% of population	26,634

Diagnostic Tests for Cardiovascular Disorders

There are many tests that can be performed to assess and treat cardiovascular disorders. The following list summarizes a few common procedures.

- Pulse & Heart Rate These are basic tests used in nearly all physical examinations to determine whether the heart rate is normal and whether the heartbeat is regular.
- <u>Complete Blood Cell Count</u> A complete blood cell count measures the number of red blood cells, white blood cells, and platelets in a patient's blood sample. Complete blood cell count results can be used to pinpoint a diagnosis, such as anemia, infection, or bleeding disorders.



http://a.abcnews.com/images/Health/ocp_Heart_III_ScreeningDiag_080122_mn.jpg

- <u>Echocardiogram</u> An ultrasound of the heart is taken to show a detailed image of the heart and its valves.
- <u>Electrocardiography (EKG or ECG)</u> A test that measures and records the electrical activity
 of the heart using electrodes. It can be used to determine if the heart rhythm is normal.
- <u>Cardiac Catheterization</u> Also known as a coronary angiogram; involves placing a small catheter through a blood vessel in the arm or leg to the heart. A dye is injected through the catheter and a specialized x-ray is used to view the heart to determine whether coronary arteries are blocked, valves are not opening/closing correctly, and whether the chambers are contracting sufficiently.
- <u>Blood Pressure</u> A device called a sphygmomanometer is used to measure a patient's blood pressure. High blood pressure can lead to heart disease and is an important measure of the stress put on the heart.

Gandelman, G. 2012. Cardiovascular System. Medline Plus, National Institutes of Health, U.S. National Library of Medicine. <u>www.nlm.nih.gov</u>.

Materials

Station 1: Anatomy posters (4) Station 2: Stethoscope, timer Station 3: Histology posters (4) Station 4: Sphygmomanometer, stethoscope Station 5: Disease posters (5) Station 6: Ruler, calculator

Procedure

This is a station lab activity. There are 6 stations set up around the classroom. Each station will take approximately 10-15 minutes.

Station 1: The Cardiovascular System

Major Arteries – Using the "Major Arteries" chart, identify the arteries labeled A-II in Table 1 below. If there are any that you cannot identify, use a textbook or online resource. A smaller version of this chart is included here for later review.

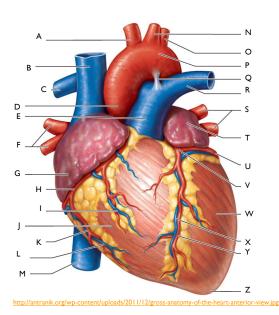
Table 1. Arteries	L	X	
А	M	Υ	F G Y Z AA
В	N	Z	Н ВВ
С	0	AA	
D	Р	BB	M GG
E	Q	CC	
F	R	DD	
G	S	EE	
Н	Т	FF	K
	U	GG	s
J	V	HH	ти
К	W	I	U

Major Veins – Using the "Major Veins" chart, identify the veins labeled A-CC in Table 2 below. If there are any that you cannot identify, use a textbook or online resource. A smaller version of this chart is included here for later review.

АТ	Table 2. Veins	J	Т
c u	Α	К	U
P w	В	L	V
G X Y	С	Μ	W
	D	Ν	Х
M BB	E	0	Y
	F	Р	Z
	G	Q	AA
cc	Н	R	BB
· M M		S	CC
s ()			

<u>The Exterior Heart</u> – Using the "Exterior Heart" chart, identify the structures labeled A-Z in **Table 3** below. If there are any that you cannot identify, use a textbook or online resource. A smaller version of this chart is included here for later review.

Table 3: The Exterior H	eart
А	Ν
В	0
С	Р
D	Q
E	R
F	S
G	Т
Н	U
1	V
J	W
К	X
L	Y
Μ	Ζ



<u>The Interior Heart</u> – Using the "Interior Heart" chart, identify the structures labeled A-Y in **Table 4** below. If there are any that you cannot identify, use a textbook or online resource. A smaller version of this chart is included here for later review.

	Table 4: The Interior He	eart
	А	N
Frontal section M	В	0
	С	Р
c P	D	Q
	E	R
	F	S
G S	G	Т
	Н	U
	1	V
	J	W
	К	Х
	L	Y
	Μ	

Station 2: Heart Sounds & Pulse

The sounds created by the heart are caused by the heart valves opening/closing. Normally, there are two sounds heard when listening to the heart. The first sound is caused by the atrioventricular (AV) valves closing and the semilunar (SL) valves opening. The second sound is caused by the SL valves closing and the AV valves opening. The pulse is just an extension of the heartbeat as blood is pumped into arteries throughout the body. Larger arteries closer to the heart have a stronger pulse, allowing us to feel it through the skin and determine the heart rate. Follow the directions below to listen to the heart and find pulse points on your partner.

Directions

✔when complete

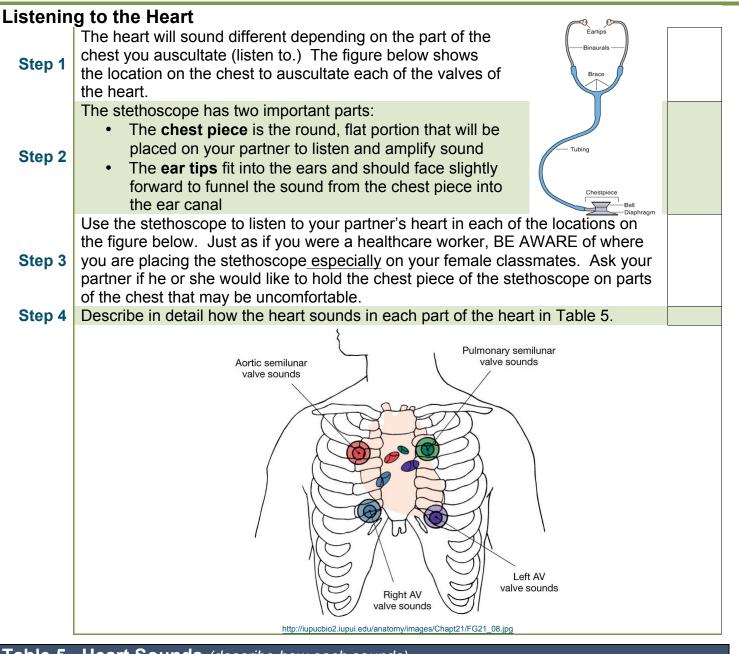


Table 5. Heart Sounds (describe how each sounds)		
Aortic semilunar valve		
Right AV valve		
Pulmonary semilunar valve		
Left AV valve		

Locating Pulse Points

Locati	
Step 5	The pulse is actually the arteries expanding in rhythm with the contraction of the heart. The pulse can be taken at a variety of locations on the body.
Step 6	There are seven common pulse points. Take the pulse at each of the following 6 sites by counting the number of beats in 15 seconds. Multiply this number by 4 to determine the beats per minute (BPM). The location of each pulse point can be found in the image to the right. If you are having trouble locating the pulse, you can use the stethoscope on the location. Radial pulse (thumb side of the wrist) Brachial pulse (inner elbow) Carotid pulse (neck) Popliteal pulse (behind the knee) Posterior tibial pulse (behind the ankle bone) Dorsalis pedis pulse (top of the foot)
Step 7	Record the beats and BPM for each pulse point in the list above in Table 6. Femoral pulse Dorsalis peds pulse
	http://wps.prenhall.com/wps/media/objects/504/517114/fg11_00500.gif

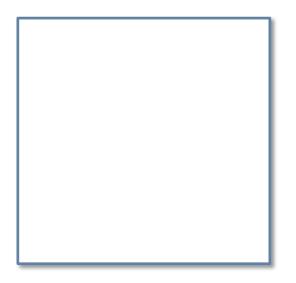
Table 6. Pulse Points				
Pulse Area	Beats in 15 s	Beats Per Minute (BPM)		
Radial				
Brachial				
Carotid				
Popliteal				
Posterior tibial				
Dorsalis pedis				

Station 3: Cardiovascular System Histology

The cell and tissue structure of cardiovascular organs are suited for the functions they perform. Redraw and label Image B from the posters below. Image A on each chart is for reference!

Blood

Using colored pens/pencils, draw the histology Image B from the "Blood" chart in the space below. Using Image A as a reference, label your drawing with the RBCs, neutrophils, lymphocytes, and platelets.



The Heart Wall

Using colored pens/pencils, draw the histology Image B from the "Heart Wall" chart in the space below. Using Image A as a reference, label your drawing with the atrial wall, epicardium, myocardium, and endocardium.

Cardiac Muscle

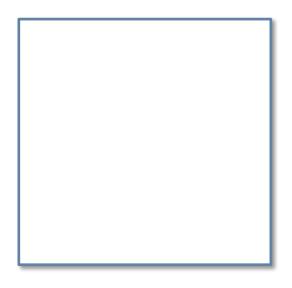
Using colored pens/pencils, draw the histology Image B from the "Cardiac Muscle" chart in the space below. Using Image A as a reference, label your drawing with the muscle cell nucleus, intercalated disc, endothelial cell nucleus, and capillary.



Arteries & Veins

Using colored pens/pencils, draw the histology Image B from the "Arteries & Veins" chart in the space below. Using Image A as a reference, label your drawing with the artery lumen, vein lumen, nerve, adipose tissue, adventitia, and media.





Station 4: Blood Pressure

As your heart contracts it pushes blood out into the arteries of the body. The force created by the "pulse" of blood flowing through the artery is called the blood pressure. When blood pressure is high, it means the heart is working harder to push blood through the blood vessels. A normal healthy adult blood pressure for an adult is 120/80. The top number is the pressure on the arteries when the heart contracts and is called the systolic blood pressure. The bottom number is the pressure on the arteries when the heart relaxes and is known as the diastolic blood pressure.

Directions

✓ when complete

a desk or table. Make sure the bl is completely deflated, and secure	ood pressure cuff e it around your			
the cuff, or place it on the table so	o it is easily visible			
and the chest piece of the stethos	scope at the creas		agazine.com/sites/default/fi 1/Feb/BloodPressure.jpg	
easily able to tighten and loosen t	the valve on top o	f the pump with yo	our fingers.	
Squeeze the pump and watch the pressure gauge. Increase the pressure to around 150 mmHg or until you are no longer able to hear your partner's pulse through the stethoscope. DO NOT INFLATE TOO TIGHT! (If the cuff is not				
At this point you have cut off circu allow the air out of the cuff SLOW listen carefully with the stethosco	lation at the elboy /LY. Watch the pr pe for when the p	w. Slightly open th essure gauge as i ulse returns. This	t drops and	
	. .	e returns is the sys	tolic blood	
			nd listen for	
		disappears is the	diastolic	
Completely release all of the air o	out of the blood pre		move it from	
		SYSTOLIC PRESSURE	DIASTOLIC PRESSURE	
	Cuff pressure inflated above systolic pressure (no pulse sounds	Pressure in cuff is released to below systolic but higher than diastolic	Pressure in cuff below diastolic	
	a desk or table. Make sure the bl is completely deflated, and secure partner's upper arm so it does no is not too tight. Have your partner hold the presse the cuff, or place it on the table so Place the ear tips of the stethosco and the chest piece of the stethosco of the elbow, just under the cuff s If you are right-handed hold the p easily able to tighten and loosen to Squeeze the pump and watch the around 150 mmHg or until you are through the stethoscope. DO NO inflating, make sure the valve is c At this point you have cut off circu- allow the air out of the cuff SLOW listen carefully with the stethoscop of practice so you may need to re The number on the pressure gaug pressure. Record this number in Continue to let air out of the cuff se when the pulse can no longer be The number on the pressure gaug blood pressure. Record this number in Completely release all of the air of	a desk or table. Make sure the blood pressure cuff is completely deflated, and secure it around your partner's upper arm so it does not slide down, but is not too tight. Have your partner hold the pressure gauge, clip it of the cuff, or place it on the table so it is easily visible Place the ear tips of the stethoscope in your ears and the chest piece of the stethoscope at the creas of the elbow, just under the cuff so it will be held in If you are right-handed hold the pump in the palm of easily able to tighten and loosen the valve on top of Squeeze the pump and watch the pressure gauge. around 150 mmHg or until you are no longer able to through the stethoscope. DO NOT INFLATE TOO inflating, make sure the valve is closed on the pump At this point you have cut off circulation at the elbow allow the air out of the cuff SLOWLY. Watch the pr listen carefully with the stethoscope for when the puise pressure. Record this number in Table 7. Continue to let air out of the cuff slowly, watch the puse blood pressure. Record this number in Table 7. Completely release all of the air out of the blood pre- your partner. Exchange roles and repeat steps 1-9	partner's upper arm so it does not slide down, but is not too tight. Have your partner hold the pressure gauge, clip it on the cuff, or place it on the table so it is easily visible. Place the ear tips of the stethoscope in your ears and the chest piece of the stethoscope at the crease of the elbow, just under the cuff so it will be held in place. If you are right-handed hold the pump in the palm of your left hand so easily able to tighten and loosen the valve on top of the pump with you Squeeze the pump and watch the pressure gauge. Increase the press around 150 mmHg or until you are no longer able to hear your partner through the stethoscope. DO NOT INFLATE TOO TIGHT! (If the cuff inflating, make sure the valve is closed on the pump.) At this point you have cut off circulation at the elbow. Slightly open the allow the air out of the cuff SLOWLY. Watch the pressure gauge as listen carefully with the stethoscope for when the pulse returns. This of practice so you may need to reinflate the cuff and try a few times. The number on the pressure gauge when the pulse returns is the syst pressure. Record this number in Table 7. Continue to let air out of the cuff slowly, watch the pressure gauge, a when the pulse can no longer be heard through the stethoscope. The number on the pressure gauge when the pulse disappears is the blood pressure. Record this number in Table 7. Completely release all of the air out of the blood pressure cuff and re your partner. Exchange roles and repeat steps 1-9.	a desk or table. Make sure the blood pressure cuff is completely deflated, and secure it around your partner's upper arm so it does not slide down, but is not too tight. Have your partner hold the pressure gauge, clip it on the cuff, or place it on the table so it is easily visible. Place the ear tips of the stethoscope in your ears and the chest piece of the stethoscope at the crease of the elbow, just under the cuff so it will be held in place. If you are right-handed hold the pump in the palm of your left hand so you are easily able to tighten and loosen the valve on top of the pump with your fingers. Squeeze the pump and watch the pressure gauge. Increase the pressure to around 150 mmHg or until you are no longer able to hear your partner's pulse through the stethoscope. DO NOT INFLATE TOO TIGHT! (If the cuff is not inflating, make sure the valve is closed on the pump.) At this point you have cut off circulation at the elbow. Slightly open the valve to allow the air out of the cuff SLOWLY. Watch the pressure gauge as it drops and listen carefully with the stethoscope for when the pulse returns. This takes a lot of practice so you may need to reinflate the cuff and try a few times. The number on the pressure gauge when the pulse returns is the systolic blood pressure. Record this number in Table 7. Continue to let air out of the cuff slowly, watch the pressure gauge, and listen for when the pulse can no longer be heard through the stethoscope. The number on the pressure gauge when the pulse disappears is the diastolic blood pressure. Record this number in Table 7. Completely release all of the air out of the blood pressure cuff and remove it from your partner. Exchange roles and repeat steps 1-9.

Table 7. Blood F	Pressure	Cuff pressure inflated above systolic pressure	Pressure in cuff is released to below	Pressure in cuff below diastolic	
Systolic	Diastolic	(no pulse sounds heard)	systolic but higher than diastolic Sounds	R	
Blood Pressure	Blood Pressure	Brachial artery occluded by cuff,	Blood spurts into constricted artery	Blood flows freely	<u>d</u> .o
		no blood flow			1

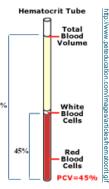
Station 5: Cardiovascular Disease

Using the "Cardiovascular Disease" charts, complete the following table. List ONLY THREE Causes or Risk Factors, Symptoms, and Treatment Options for each disease.

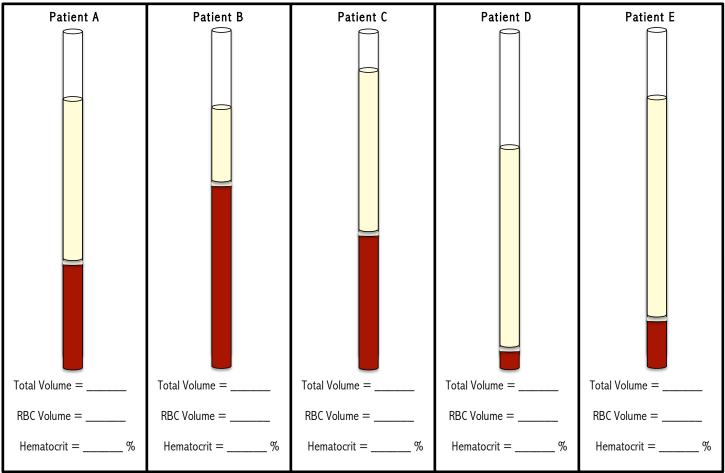
Myocardial Infarction (Heart Attack)					
Description	Causes or Risk Factors (3)	Symptoms (3)	Treatment Options (3)		
In what part of the U.S. did the	e most myocardial infarctions				
occur in 2005?					
Peripheral Artery Di		0. mentenes (0)	Treatment Ortions (0)		
Description	Causes or Risk Factors (3)	Symptoms (3)	Treatment Options (3)		
What age group has the large men or women suffer from PA	st prevalence of PAD? Do more				
Cerebrovascular Ac					
Description	Causes or Risk Factors (3)	Symptoms (3)	Treatment Options (3)		
					
What is the most common long-lasting disability of individuals					
who have experienced a stroke?					
Endocarditis & Myo		T			
Description	Causes or Risk Factors (3)	Symptoms (3)	Treatment Options (3)		
Which bacteria type causes th myocarditis?	ne most cases of endocarditis &				
Congenital Heart Di	sease				
Description	Causes or Risk Factors (3)	Symptoms (3)	Treatment Options (3)		
What is the most common typ	e of congenital heart disorder?		1		

Station 6: Hematocrit

The hematocrit, or packed cell volume (PCV), is the percentage of the blood that is made up of red blood cells. To determine this percentage, special hematocrit capillary tubes are used. A blood sample is collected in the capillary tube and centrifuged, which causes the red blood cells, white blood cells, platelets, and plasma to separate. The bottom layer is made up of red blood cells. A thin layer of white blood cells and platelets sits just above the red blood cells, and the plasma is at the top of the tube. The hematocrit test provides a quick evaluation of an individual's cell status. Follow the directions to determine the hematocrit levels for five patients.



Directio	ons	✓when complete		
Step 1	Use the ruler to measure the total height of ALL of the blood in each column A-E below. Record this measurement in mm for the "Total Volume" below each patient sample.			
Step 2	Use the ruler to measure the height of the red blood cells (RBCs) in each column. Record this measurement in mm for the "RBC Volume" below each patient sample.			
	Use the following equation to determine the hematocrit percentage for each patient. Record the "Hematocrit" percentage below each patient sample.			
Step 3	RBC Volume (mm) Total Volume (mm)			
Step 4	A normal adult male will have a hematocrit of 42-54% while a normal adult female will have a hematocrit of 38-46%. Determine whether each patient's hematocrit level is normal, high, or low and record below each patient sample.			



Analysis Questions - on a separate sheet of paper complete the following

Station 1

- 1. Which arteries leave directly from the aorta?
- 2. Which veins lead directly back into the superior and inferior vena cava?
- 3. Which arteries and veins are crucial to supplying the heart with oxygen?
- 4. Which valves separate the atria from the ventricles?
- 5. What structure separates the right and left ventricles?

Station 2

- 6. What are you actually hearing when you listen to the heartbeat?
- 7. What is the pulse?
- 8. How can the pulse be felt at different parts of the body?
- 9. Which pulse point had the strongest pulse? The weakest pulse? Why do you think this happened?

Station 3

10. What type of cell is most abundant in blood tissue?

- 11. What is the purpose of intercalated discs in cardiac muscle?
- 12. How is the cellular structure of arteries versus veins different?

Station 4

13. What is blood pressure and how is it measured?

14. Why is high blood pressure a health concern?

Station 5

- 15. What were the common causes & risk factors found between the majority of the cardiovascular disorders?
- 16. What were the common symptoms found between the majority of the cardiovascular disorders?

Station 6

- 17. What is hematocrit?
- 18. How can it be used to diagnose a health problem?
- 19. Which patient's had abnormal hematocrit percentages?

Review Questions - on a separate sheet of paper complete the following

- 1. How do the heart, blood, and blood vessels work together to perform the function of the cardiovascular system?
- 2. Explain the difference between arteries, veins, arterioles, and venules.
- 3. Why are substances able to diffuse through the capillaries?
- 4. How much blood does a healthy adult body normally contain?
- 5. What components make up blood?
- 6. What is the function of red blood cells, white blood cells, and platelets?
- 7. Why is the heart an important organ?
- 8. What is cardiac conduction?
- 9. What are the four chambers of the heart?
- 10. Outline the path of blood through the heart. This can be written out step-by-step or in an illustration.
- 11. What is the difference between pulmonary, systemic, and coronary circulation?
- 12. From the table in the background section, what cardiovascular disorder was the most prevalent in 2009? Least prevalent? Hypothesize why.
- 13. What cardiovascular disorder had the highest mortality rate? The lowest mortality rate?
- 14. Choose two of the common diagnostic procedures and summarize their uses.