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Abdominal Examination

OBJECTIVE: To conduct a complete Abdominal Examination.
MATERIALS: Well illuminated examination room, examination table and stethoscope.

***D**: Appropriately done **PD**: Partially done **ND**: Not done/Incorrectly done*

	STEP/TASK	D	PD	ND
	Preparation			
1.	Introduce yourself to the patient.			
2.	Confirm patient's ID.			
3.	Explain the procedure and reassure the patient.			
4.	Get patient's consent.			
5.	Wash hands.			
6.	Prepare the necessary materials.			
7.	Position the patient in a lying flat position with the head resting a on a single pillow and uncover his/her upper body.			
	Examination			
	General inspection			
8.	Observe the patient's general appearance *(age, state of health, nutritional status and any other obvious signs e.g. wasting, jaundice, pigmentation, mental status –for encephalopathy–).*			
	Hands			
9.	Pick up the patient's hand; inspect and examine (*Temperature, Color, Nail , Palmar erythema, Dupuytren's contracture, Nail signs:* clubbing, leuconychia–*hypoalbuminaemia*, koilonychia–*iron deficiency*).			
10.	Test for flapping tremor.			
	Face			
11.	Inspect the patient's face *(sclerae, pupils, malar rush, mouth, tongue, salivary glands, palate, dentition).*			
	Neck			
12.	Examine the neck for lymphadenopathy.			
13.	Examine the upper body for gynaecomaslia , caput medusae, and spider naevi.			
	Chest			
14.	Inspect the patient's chest *(gynaecomastia, caput medusae, spider naevi).*			
	Abdomen *(should exposed from the nipples to the symphhsis)*			
15.	Inspect the patient's abdomen for *(contours, any obvious distension, localized masses, scars, and skin changes).*			
	Palpation of the Abdomen			
16.	Ask the patient if he has any abdominal pain and fix upon his face as you palpate his abdomen. Palpate with the palmar surface of your fingers whilst sitting or kneeling beside the patient.			
17.	**Light palpation** - Begin by examining the segment furthest away from any pain or discomfort and systematically palpate the four quadrants and the umbilical area. Look for tenderness, guarding, and any masses.			
18.	**Deep palpation** - Describe and localize any masses.			
	➔ *Continues on the next page*			

	Abdominal Examination			
	STEP/TASK	**D**	**PD**	**ND**
	Examination			
	Palpation of the organs			
19.	**Liver** - Ask the patient to breathe in and out and, starting in the right lower quadrant, feel for the liver edge using the flat of the hand or the tips of the fingers. If *(the liver edge)* felt, describe in terms of *(regularity, nodularity, and tenderness)*.			
20.	**Gallbladder**- Palpate for tenderness over the gallbladder region at the tip of the right ninth rib.			
21.	**Spleen** - Palpate for the spleen as for the liver, again starting in the right lower quadrant.			
22.	**Kidneys** - Position the patient close to the edge of the bed and ballot each kidney using the technique of deep bimanual palpation.			
23.	**Aorta** - Palpate the descending aorta between the thumb and the index of your right hand at a point midway between the xiphisternum and the umbilicus.			
	Percussion of the abdomen			
24.	Percuss the liver area and detect its upper border *(usually found in the fourth intercostal space).*			
25.	Percuss the suprapubic area for undue dullness *(bladder distension)*. If the abdomen appears distended, test for shifting dullness *(ascites)*.			
	Auscultation of the abdomen			
26.	• Auscultate in the mid-abdomen for abdominal sounds. *(Listen for 30 seconds to conclude that they are normal, hyperactive, hypoactive or absent).* • Listen over the abdominal aorta for aortic bruits *(arteriosclerosis or aneurysm)*. • Listen for renal artery bruits 2.5 cm above and lateral to the umbilicus *(renal artery stenosis).*			
	After the examination			
27.	Indicate that you would test the urine.			
28.	Ensure that the patient is comfortable.			
29.	Make explanations to the patient, answer his/her questions and discuss management plan.			
30.	If appropriate, order diagnostic investigations *(e.g. ultrasound scan, CBC, LFTs, etc.).*			
31.	Dispose of sharps and waste material according to infection control standards.			
32.	Wash hands.			
33.	Document the procedure.			