

CLINICAL SKILLS GIT & ABDOMINAL EXAM

NAME:	Comp#	Group#	
EVALUATOR:	TOTAL SCORE:	/68 = _____ %	
INTRODUCTION	Not Done (0)	Incorrectly Done (1)	Correct (2)
Greets, States, full name and confirm patient's ID Explains procedure and gets consent			
Ensures Privacy and asks for chaperone			
Washes hands & Cleans stethoscope			
Positions patient (supine), Adequate exposure (nipple line to midhigh) and asks for pain.			
GENERAL APPEARANCE			
Foot end: Observes patient for habitus, posture, level of comfort, and signs of distress. Obvious Abdominal distension, flank fullness, vomit bucket, distended veins on abdomen <i>AA's to explain types of abdomen</i>			
Bed-side – Moves to <i>right side</i> of patient. Hand: Koilonychias, Leukonychia, finger clubbing, palmar erythema, Dupuytren contracture and Asterixis, Fine tremors Radial Pulse and characterize			
Head: Texture and distribution of hair, Conjunctival Pallor and Scleral jaundice Stomatitis (cheilitis, glossitis,) Glossitis (atrophic, beefy tongue)			
Palpates supraclavicular lymph nodes Virchow's node (Troisier's Sign)			
INSPECTION			
Chest: Spider Nivea, Gynecomastia, Scarification marks, tattoos.			
Abdomen: distension, symmetry, linea alba, stria, moves with respiration?, dilated/distended or superficial veins, Umbilicus: inverted or everted.			
PALPATION			
Asks patient for areas of pain and palpate it at last. Asks patient to relax abdomen and flex the knee. Ensures student's wrist and forearm are at same horizontal level (may bends/kneels/squats) Starting in the left lower quadrant, going anti-clockwise.			
Light palpation: Palpates all 4 quadrants with pads of the finger (Assess for tenderness by looking at the patient's face).			
Deep palpation: All quadrants looking for any masses.			

Liver palpation: (<i>Two-handed deep palpation technique</i>) Start from the right iliac fossa moving superiorly on the mid-clavicular line.			
Palpates for liver margins/edge in sync with patients breathing. States findings and purpose of exam.			
Spleen: Brace the posterior ribs with the left hand while palpating with the right hand. Palpates diagonally starting from RIF to Left Hypochondriac region. Asks patient to take deep breaths while palpating. <i>AA's to how to confirm splenomegaly.</i>			
Kidney: Ballots the kidneys (bilaterally)			
All 4 quadrants- normal note (tympanic)			
PERCUSSION			
Liver span: <i>Below:</i> Right iliac fossa going superiorly along right mid clavicular line <i>Above:</i> Below clavicle along right mid-clavicular line Measures liver span with measuring tape (Normal – Adults: 8 – 12 cm)			
Percussion of the Spleen			
Percussion of the Bladder			
Performs Shifting dullness, Fluid thrill and Puddle's Sign			
AUSCULTATION			
Auscultate on the skin (all 4 quadrants) Checks for <i>Succussion Splash</i>			
Checks legs for peripheral edema			
States desire to perform a <i>Digital Rectal Exam (DRE)</i>			
SPECIAL SIGNS			
Costovertebral Angle Tenderness (<i>Lloyd's sign</i>)			
Palpation for <i>Murphy's sign</i>			
Palpation <i>McBurney's Point</i>			
Palpate for <i>Rebound Tenderness</i>			
Palpate for <i>Rovsing's Sign</i> (Referred Rebound Tenderness)			
Checks for <i>Obturator Sign</i>			
Checks for <i>Psoas Sign</i>			
Asks patient to dress up, thanks patient and explains findings. Document exam & findings			

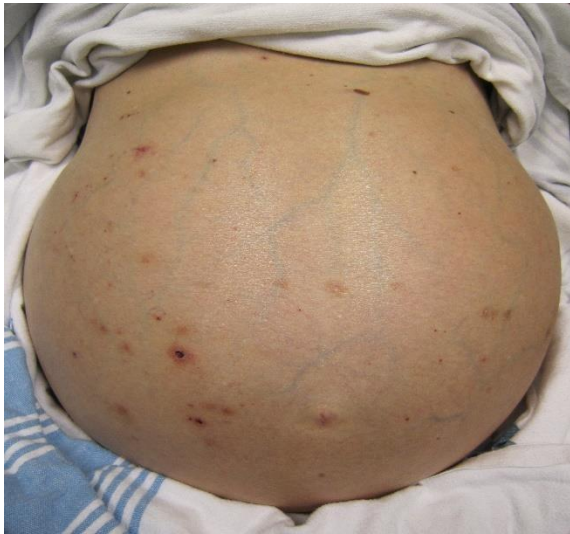
TOTAL SOCRE =

COMMENT –

FURTHER READING:

1. Divisions (regions and quadrants) of the abdomen.
2. Positions of the appendix
3. Signs of splenomegaly
4. Causes of abdominal distension
5. Alvarado score of Appendicitis

Abdominal distension



Koilonychia



Leukonychia



Dupuytren's Contracture



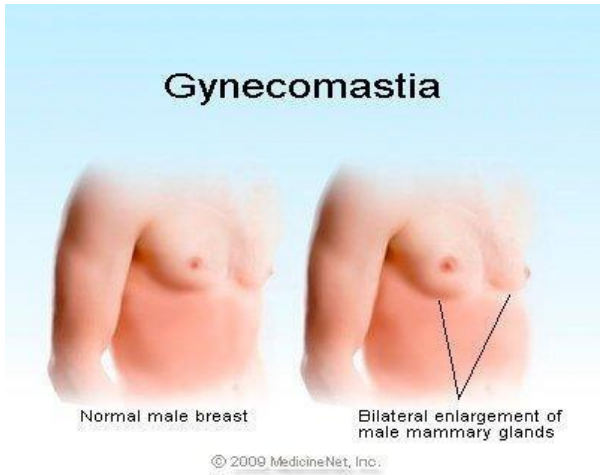
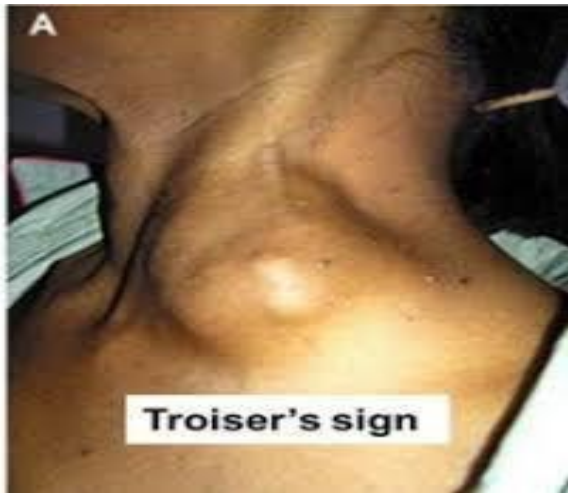
Cheilitis



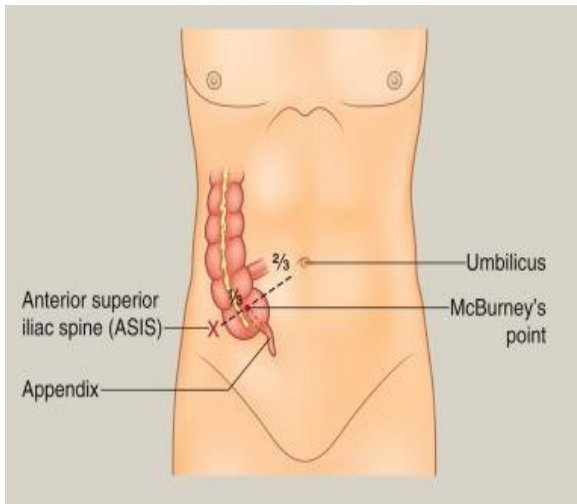
Glossitis



Virchow's node



McBurney's Point



Caput medusae



Spider Naevi

