# Student Performance Evaluation: Abdominal Examination

Instructions: *Italicized information indicates what the student should be verbalizing.*

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|  | **Performed** | **Verbalized** |
| ***Washes*** ***hands FIRST and dons appropriate personal protective equipment.*** | **Y / N** |  |
| ***Introduces self to patient using first and last name, including role.*** |  | **Y / N** |
| **Notes general appearance and vital signs.** |  | **Y / N** |
| **Positions table appropriately (table should be flat).** | **Y / N** |  |
| **Inspection *(****Ask patient to hold hands at side or fold them across the chest and inspect from above and tangentially.)* | | |
| Note  Abdominal symmetry |  | **Y / N** |
| Contour: flat, protuberant, or scaphoid (concave) |  | **Y / N** |
| Skin: scars, striae, rashes, lesions, dilated veins |  | **Y / N** |
| Umbilicus: inflammation, bulges |  | **Y / N** |
| Peristalsis |  | **Y / N** |
| Aortic pulsations |  | **Y / N** |
| **Auscultation (performed before palpation)** | | |
| Bowel sounds in all four quadrants noting frequency and character  *Listen along the midclavicular lines in the four quadrants, pausing between locations.* | **Y / N** | **Y / N** |
| Bruits over aorta, renal, iliac, and femoral arteries  *Listen over aorta just inferior to a point halfway between xyphoid process and umbilicus. Renal arteries are no more than an inch laterally from this point [level of L2]. Aorta divides into the iliac arteries at or just below the umbilicus, so listen ~2 inches from the umbilicus on a line to the femoral pulse with either the bell or diaphragm.* | **Y / N** | **Y / N** |
| Venous hums or friction rubs  *Listen over the liver and spleen.* | **Y / N** | **Y / N** |
| **Percussion** | | |
| Proper technique  *Middle finger is hyperextended and distal interphalangeal joint [DIP] is pressed on the skin surface. The middle finger of the striking hand strikes the DIP joint in a brisk fashion.* | **Y / N** | **Y / N** |
| Percuss generally for distribution of tympany and dullness, what are significant of the findings  *Percuss in all nine areas and try to distinguish between dullness over the liver and tympany over the splenic flexure.* | **Y / N** | **Y / N** |
| Measure the span of liver dullness at right midclavicular line, note findings in relational to normal  *Percuss downward starting just under the breast along the midclavicular line until dullness is heard, then percuss from the level of the umbilicus upward until dullness is heard and measure the span of dullness.* | **Y / N** | **Y / N** |

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|  | **Performed** | **Verbalized** |
| Assess for splenomegaly  *Splenic percussion sign: Percuss at anterior axillary line at the lowest interspace and ask patient to take a deep breath while continuing to percuss.* | **Y / N** | **Y / N** |
| **Palpation** | | |
| Position patient appropriately  *Knees are bent, head is supported, and arms are at side.* | **Y / N** | **Y / N** |
| Light palpation for tenderness, guarding, or superficial masses  *This should be very superficial; use the hand in a horizontal plane and slide the hand or barely lift the hand to the next location to palpate moving slowly in four or nine areas.* | **Y / N** | **Y / N** |
| Deep palpation for tenderness and masses  *Palpate in 4 quadrants much deeper; depress skin ~2–3”.* | **Y / N** | **Y / N** |
| Note:Describe palpable masses in terms of their location, size, shape, consistency, tenderness, pulsation, and mobility |  | **Y / N** |
| Palpate for rebound tenderness to assess for peritoneal inflammation  *Press down slowly in the area of tenderness, then release quickly.* | **Y / N** | **Y / N** |
| Palpate liver edge, spleen, and kidneys for enlargement, tenderness  Liver:  *Place your left hand posteriorly around the 11th and 12th ribs and press up toward the ceiling. Palpate downward and upward [not in a scooping fashion] with right hand, starting from the level of the umbilicus until the lowest rib. Ask the patient to take a deep breath and try to feel the liver edge as it moves under the fingertips.*  *The hooking technique may be helpful in patients who are obese* | **Y / N** | **Y / N** |
| Spleen:  *Reach over and use your left hand to press the left lower rib cage upward while using right hand, starting well below the left costal margin to push upward. Ask the patient to take a deep breath and feel for the spleen's edge.* | **Y / N** | **Y / N** |
| Kidneys:  *Palpate along the midclavicular line at the level of the liver edge or costal margin bilaterally.* | **Y / N** | **Y / N** |
| Aortic width  *Palpate deep enough with fingertips trapping each side of the aorta, just left of midline.* | **Y / N** | **Y / N** |
| **Special Techniques** | | |
| Costovertebral angle (CVA) tenderness  *Use fist percussion to make a firm strike against the hand that is laying over the CVA bilaterally.* | **Y / N** | **Y / N** |

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| Ascites  *Test for shifting dullness or fluid wave by percussing outward in a stellate pattern from central area of tympany and map the border between tympany and dullness. Repeat steps again with patient lying on the side; if no ascites, tympany and dullness stay constant. Ask the patient to press the edges of hands down the midline. Tap one side of the abdomen, feeling for the wave to hit the opposite hand on the opposite side.* | **Y / N** | **Y / N** |
| Appendicitis  Rovsing sign  *right-sided lower quadrant pain during left-sided pressure to left quadrant* | **Y / N** | **Y / N** |
| Psoas sign  *right-sided lower quadrant pain during resisted right hip flexion or passive right hip extension, and* | **Y / N** | **Y / N** |
| obturator sign  *right-sided lower pain with right hip flexion and internal rotation; ask patient to cough.* | **Y / N** | **Y / N** |
| Cholecystitis  Murphy sign  *Palpate the liver edge and ask patient to take a deep breath. Watch for a sharp pain that stops inspiration.* | **Y / N** | **Y / N** |
| **Adequate exposure was maintained for all inspection steps.** | **Y / N** |  |
| **Adequate draping was maintained for all steps.** | **Y / N** |  |

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