



Abdominal exam

To begin:

WIPE

- Wash hands
- Introduce self
- Identify patient
- Permission – gain consent for the exam
- Position – 45 degrees to start the examination, then laid flat when examining the abdomen
- Pain – ask if the patient is in pain
- Privacy – ensure curtains/doors are closed
- Exposure – access to abdomen (bottom of sternum to pubic symphysis); also chest during specific inspection

General inspection and active observation

Patient:

Look for	Example of why
General appearance	See if the patient is alert, orientated, in pain, generally appearing well or unwell
Body habitus	Low BMI (cachectic) could be associated with malignancy; large body habitus with non-alcoholic fatty liver disease etc.
Comfortable at rest	Patient keeping very still (peritonitis) or writhing (colicky pain), breathless
Colour	Pallor (anaemia), jaundice (liver disease)



Around the bed:

Look for	Example of why
Treatments	Such as oxygen, feeding (TPN, NG tubes etc), drains
Other paraphernalia	NBM signs, vomit bowl, stoma kit, fluid balance charts
Observation chart	Note the patient's current status and NEWS score. If there are no up-to-date observations consider taking a full set of observations.

Upper peripheries & chest

Hands:

Where	Examine	How	Assessing for/associated with
Nails	Clubbing	Look for loss of the space between two fingers held back-to-back in an 'M'	Non-specific sign: cirrhosis, Crohn's/UC, coeliac disease
	Koilonychia (spoon shaped nails)		Iron deficiency anaemia
	Leukonychia (pale nails)		Low albumin (cirrhosis, nephrotic syndrome)
	Tar stains		Smoking associated with malignancy, Crohn's
Palm	Palmar erythema		Chronic liver disease
	Dupuytren's contracture	Inspect +/- feel for thickening/nodules on the medial palms	Alcoholic liver disease (can be genetic)



Arms:

Where	Examine	How	Assessing for/associated with
Wrist	Radial pulse	Palpate radial artery for at least 15s	Check rate and rhythm
Arms	<i>Blood pressure</i>	<i>Offer to check for hyper/hypotension</i>	
	Asterixis	Look for jerky 'flapping' of the hands after asking the patient to stretch their arms out forward with wrists cocked back	Coarse tremor in liver failure
	Keep an eye out for...	Track marks (hepatitis), scratch marks (hyperbilirubinemia), bruising (deranged clotting), armpit hair loss (high oestrogen secondary to liver failure)	

Face:

Where	Examine	How	Assessing for/associated with
Eyes	Conjunctival pallor	Ask patient to pull down lower eyelid and look for colour	Associated with severe anaemia
	Scleral icterus		Jaundice (early sign, esp useful in skin of colour)
Mouth	Breath		Smell of alcohol; pear drop smell (DKA)
	Hydration status		Dry mucous membranes in D&V etc.
	Oral candidiasis		Chronic steroid use
	Aphthous ulcers		Crohn's disease; Vit B, D, iron, zinc deficiency Can be normal, due to local trauma
	Angular stomatitis		Micronutrient/protein deficiency



Tongue	Glossitis		Low B12/folate
	Pale tongue		Low iron

Neck:

Where	Examine	How	Assessing for/associated with
Neck	Cervical lymph nodes	<p>Examine from behind the patient, using pads of fingers to press onto nodes.</p> <p>Submental > submandibular > tonsillar & parotid > pre-auricular > post-auricular > anterior cervical chain > posterior cervical chain > occipital > supraclavicular</p> <p>Feeling for lymphadenopathy – assessing size, shape, tenderness, mobility, consistency.</p>	Looking for lymphadenopathy, inc Virchow's node, may be associated with cancer

Abdomen

Inspection:

Where	Examine	Assessing for/associated with
Chest	Spider naevi	Caused by high oestrogen e.g. in chronic liver diseases such as alcoholic cirrhosis
	Gynaecomastia	
Abdomen	Abdominal distension	6 Fs: fat, fluid, flatus, faeces, foetus, fatal growth (i.e. tumour)



	Scars	Laparoscopic port scars, midline laparotomy (open surgery) etc.
	Striae	Obesity, pregnancy, Cushing's syndrome etc.
	Caput medusae	Swollen abdominal veins associated with portal hypertension
	Bruising	Peri-umbilical bruising (Cullen's sign) or bruising across flanks (Grey-Turner's sign), associated with retroperitoneal bleeding in pancreatitis
	Stomas & bag contents	Ileostomy (usually RIF), colostomy (usually LIF), urostomy
	Tubes/drains & bag contents	Surgical drains; PEG tube

Palpation:

Where	Examine	How	Assessing for/associated with
9 abdominal areas	Light palpation	Start away from pain (if present), look at Pt's face for signs of pain	Looking for masses, painful regions, guarding. <i>N.b. start away from any area of pain and watch patient's face for signs of pain</i>
	Deep palpation		
	Rovsing's sign	Palpate in the left iliac fossa	Pain in the right iliac fossa suggestive of appendicitis
Abdomen	Liver	Palpating upwards from the RIF: move your hand upwards during expiration. Feel for the liver hitting you hand during inspiration.	Hepatomegaly associated with chronic liver disease, cancer, lymphoma, sarcoidosis
	Murphy's sign	Palpate in the RUQ, ask patient to take a deep breath	Pain during inspiration suggestive of cholecystitis
	Spleen	Palpating from the RIF towards left costal margin: move your hand upwards during expiration. Feel for the spleen hitting you hand during inspiration.	Splenomegaly associated with lymphoma/leukaemia, infection, portal HTN



	Kidneys	‘Ballot’ the kidneys between two hands on the anterior and posterior abdomen	Polycystic kidneys
	Abdominal aorta	Feel with the edges of fingers of both hands	Pulsatile and expansile mass suggestive of aortic abdominal aneurysm (AAA)

Percuss:

Where	Examine	How	Assessing for/associated with
Abdomen	Liver and spleen	Percuss in the same areas you palpated	Looking for hepatomegaly or splenomegaly
	Bladder	Percuss from above the bladder downwards	Urinary retention
	Shifting dullness	Percuss laterally from midline. If dullness found, ask the patient to roll onto their side. Percuss again at the same spot.	Percussion becoming resonant from dull suggestive of free abdominal fluid e.g. ascites

Auscultation:

Where	Examine	How	Assessing for/associated with
Abdomen	Bowel sounds	Assess if bowel sounds present, tinkling (obstruction) or absent (ileus, obstruction). <i>N.b. must listen to each quadrant for 30s to conclude absent.</i>	



Provide a chaperone for the following:

Examine	Assessing for/associated with
<i>Inguinal nodes</i>	<i>Offer to check to raised LNs. Palpate the horizontal and vertical groups</i>
<i>Hernial orifices</i>	<i>Offer to check for hernias & reducibility. Palpate at the midpoint of the inguinal ligament, ask the patient to cough</i>
<i>DRE</i>	<i>Offer to examine for stool, masses, prostate, anal tone etc.</i>
<i>External genitalia</i>	<i>Offer to examine the external genitalia</i>

Lower peripheries

Where	Examine	How	Assessing for/associated with
Legs	Pitting oedema	Start at ankles, note upper limit	Hypoalbuminemia
	Bruising		Deranged clotting associated with liver disease
	Erythema nodosum		Crohn's disease

To finish

- Ensure the patient is dressed and comfortable
- Wash hands