Gastrointestinal Physical Exam Check list

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https://youtu.be/PYAnF6GJY2I

Introduction

Introduce yourself
Take a permission
Ensure the privacy
Check if you need a chaperone
Check Temperature and Light
Hand hygiene
Exposure: Ideally from nipples to the mid thigh but in respect to the pt. sensitivity expose the abdomen from the xiphisternum to the symphysis pubis
Position: Supine with one pillow 10-15° under the head

General look

💎***Comments***: The pain lying flat, looks well, Not in pain,Conscious, oriented, alert, Not cachectic or obese,No medical equipments , No skin redundancy

Vital Signs

Blood pressure
Heart Rate
Respiratory Rate
Temperature
O2 Sat
BMI+ waist circumference

Hands

💎***Comments***:
No Clubbing, No koilonychia ,No leukonychia , No Dupuytren's contracture , No tar stain, No palmer erythema, No muscle wasting, No flapping tremor(Asterixis), No pallor, No IV drug abuser signs
Bilateral symmetrical warm/dry temperature.

Face

Examine for jaundice (sclera by ask the patient to look down and retract the upper eyelid to expose the sclera& under the tongue) and pallor (conjunctiva)

💎***Comments***:
No jaundice, No pallor, No Visible spider nevi, No visible sialadenitis (swelling over parotid area) No angular stomatitis, No glossitis, No aphthous ulcer, No beefy tongue, good oral hygiene, No halitosis, No uremic odor, No fetor hepaticus, No ketones odor, No alcohol odor.

Chest

💎***Comments***:
No scratch marks, No spider nevi, Normal male pattern of hair distribution, No gynecomastia in male, No breast atrophy in female

Abdominal Examination Common OSCE station

1) 10 points

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2)Inspection

From foot of the bed:
Symmetry , umbilicus(inverted, everted,centrally or shifted) , Contour (Flat /Scaphoid/ Distended) , Abdominal respiration

💎***Comments:***
Symmetrical flat abdomen, umbilicus is centrally located inverted, Abdomen is moving with respiration

From Right side

💎***Comments*:**
No scars, No Stomas, No skin lesion
No visible dilated veins
No visible pulsation
No visible peristalsis
No visible masses
No bruising
Normal male pattern of hair distribution

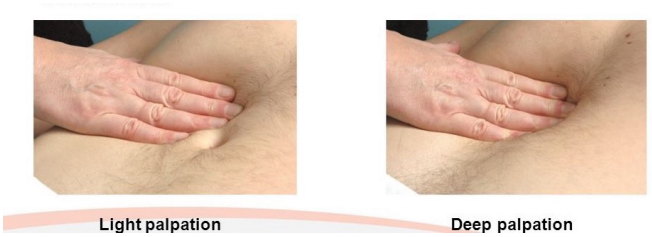
Two Questions
1•Ask the patient to turn Ask patient to cough (to his left side) > look for hernial orifices and observe his facial expresions for pain
💎***Comments***:
No visible cough impulse,
Negative dunphy sign

2• Ask patient to raise his head against resistance and looking for divercation of recti.
💎***Comments:*** No divercation of recti

3) Palpation

⭐First of all, take a permission+ ask patient if have any pain+ warm your hand+ Keep eye to eye contact

⭐Sit at the level of the patient's abdomen اما بتجيب كرسي وبتقعد عليه او بتنزل حالك ⭐



1•Light palpation

Begin with light palpation of the nine segments. If patient has complained of pain begin at opposite side. Observe patient's face throughout palpation to ensure that you are not causing pain.

💎***Comments:***

No Superficial masses, No superficial tenderness , No guarding

2•Deep palpation

Deep palpation of the same nine segments.

💎***Comments:***

No Deep masses, No Deep tenderness

3•Special Signs Usually just mention

1-If appropriate, test for rebound tenderness (Pain when sudden release of your hand, a sign of intra-abdominal pathology)

2-Murphy's sign (deep palpation at ninth costal margin during deep inspiration will cease inspiration with tenderness indicate acute cholecystitis)

4)percussion

Do general percussion all over the nine regions

💎***Comment***:Symmetrical Normal tympanic percussion note all over the abdomen

5)Enlarged organs testing

A-**LIVER** (Hepatomegaly)

- Start Liver palpation by Place your hand flat on the skin of the right iliac fossa

Ask the patient to breath deeply through the mouth then Move your hand progressively up hte abdomen, I cm at a time between each breath the patient takes, until you reach the costal margin or detect the liver edge. If you detect the edge mark and describe it.

- Then start Liver percussion : Ask the patient to hold his breath in full expiration.

Percuss downwards from the right second intercostal space in the mid-clavicular line, listening for the dullness that indicates the upper border of the liver.

- Measure the distance in cm below the costal margin in the mid- clavicular line or from the upper border of dullness to the palpable liver edge.

- Normal liver span 8-12 cm

💎***Comment:***

No hepatomegaly, Normal liver span (…cm)

B-SPLEEN

- Start palpation using the pads of your fingers from the RIF and go upwards diagonally 1 cm at a time until you reach the left costal margin, if not palpable tell the patient to roll towards you and with your left hand pull his ribcage outwards while palpating with your right hand. (Normally not palpable)

- Percussion for splenic dullness from umbilicus diagonally. And then left mid-axillary line below 9th-11th ribs (normal dullness).

💎***Comment***:

No palpable spleen

C-KIDNEY

- Bimanual test: By put your left hand below the patient's flank and palpate by right hand ask the patient to take breath to feels the kidney movement
- Ballottement: When you do bimanual raise the kidney up (ادفشها)by left hand and feels by right hand
- Renal angle tenderness: Ask the patient to sitting and if he had a pain , Make a fist with your dominant hand, then hitting at costovertebral angle with looking at the patient eyes if he had a tenderness
- Percussion at urinary bladder (dullness) JUST MENTION

💎***Comments***:

No palpable enlarged kidneys
Not ballotable
No Renal angle tenderness

6)Ascites

A-SHIFTING DULLNESS

- Start percussion from xipisternum until reach the most tympanic point anteriorly at umbilicus , then percuss laterally to find dullness, ask the patient to roll away from you, wait for 10 seconds and percuss the same area, if the dullness stays dull then there is no shifting dullness if shifted and tympanic present so there as Ascites

💎***Comment***:

No shifting dullness

B-TRANSMITTED THRILL

- ask the patient to place the edge of his hand on the midline and Place the palm of your left hand flat against the left side of the patient's abdomen and flick a finger of your right hand against the right side of the abdomen, if you don't feel a ripple against your left hand, then there is no fluid thrill No Ascites

💎***Comment***:
No transmitted thrills

C-SUCCUSSIONAL SPLASH TEST

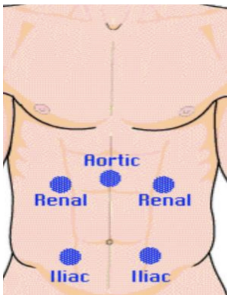
- Shake the patient's abdomen by rocking their pelvis using both hands and listen to the sounds like a half-filled water bottle being shaken.

💎***Comment***:
Negative succussional splash

7) Auscultation

A-Bowel Sounds
Using diaphragm at the RIF (ileocecal valve) for 2 minutes

B-Bruits
Using diaphragm at
1- above umbilicus at Epigastric area for aortic bruits
2-above and lateral to umbilicus 2-3 cm for Renal arteries bruits
3-below and lateral to umbilicus 2-3 cm for iliac arteries bruits
4- at the RUQ (liver)



C-Friction rub
Using diaphragm at the liver and spleen

💎***Comments***:
Normal bowel sounds, No aortic bruits, No Renal bruits, No iliac bruits,
No liver bruits and friction rub, No spleen friction rub

Finally, don't forget to say

I will examine Genitalia, digital rectal examination, hernia, back, virchow's LN, pyoderma gangrenousum, lower limb for edema and auscultate for femoral artery bruits.