

Preparation:

W	Wash Hands
I	Introduce Yourself + Patient's Identity
P	Permission
P	Patient Position + Pain
E	Explanation

General Inspection:

Medical paraphernalia:	NG Tube/Lines/Drains
Obvious Muscle Wasting	
Patient's Colour:	Pale/Yellow(Jaundiced)/Normal
Hydration	
Level of alertness	
Weight/Cachexia	

Hands and Arms:

Nails:	<ul style="list-style-type: none"> •Leuconychia -White nails, pink rim at top •Koilonychia -Spoon shaped nail •Clubbing 	<ul style="list-style-type: none"> •Chronic Liver disease •Iron Deficiency •Chirrosis/IBD/Malabsorption/Coeliac
Hands:	<ul style="list-style-type: none"> •Nicotine Staining •Palmar creases (anaemia) •Palmar Erythema (Reddening) •Depuytren's Contracture (Permanent finger flexion) 	<ul style="list-style-type: none"> •Chronic Liver Disease •Alcohol/Manual Labour
Wrist:	<ul style="list-style-type: none"> •Pulse •Respiratory Rate •Metabolic Flap/Liver Flap/Asterixis 	Asterixis: Arms outstretched, extend wrists, separate fingers, close eyes, 30 sec
Arms:	Inspect for:	Scratch marks, bruises, marks of IV drug use, muscle wasting
	Spider Naevi	Press on centre -> Blanches >5 => Sign of chronic liver disease, can be normal in pregnancy

Head and Neck:

Eyes:	Pale/Yellow(Jaundiced)/Normal, Iritis(Inflammation of the iris - IBD)
Mouth:	Dental Health, Ulcers, Tongue affected by iron or B12 deficiencies, Dehydrated, Fungal infection, Angular stomatitis (Cracks at corner of mouth - Iron deficiency)
Neck:	Enlarged Lymph Nodes - Patient must be sitting up Especially left supraclavicular node (Virchow's Node - Enlarged in GI malignancy)

Abdominal Examination:

Position - Check if ok to lie flat	
Lying flat, only one pillow behind head, hands by side	
Expose Abdomen	
Inspect:	Distention/masses/incisions/visible peristalsis/dilated veins Check with patient for pain/tenderness <i>Warm hands before palpation</i>
Palpation:	Superficial: Checking for tenderness, guarding, rebound tenderness Begin diagonally from the site of pain <i>Watch patient's face during palpation</i> Place whole hand on abdomen, flex at MCP joints Palpate all areas of the abdomen Deep: For masses/organomegaly Only if comfortable for the patient Liver Palpation - Hand parallel to costal margin, begin in RIF, breathe in/out slowly through mouth Spleen Palpation - Start in RIF, move towards left hypocondrium Palpate Aorta - Superior to umbilicus in midline
Check for kidney:	Place one hand behind the patient's back pushing upwards and the other hand on the abdomen pushing downwards.



Abdominal Examination: (cont)

Percussion: Always start in the right iliac fossa

- 1) Percuss each region of the abdomen
- 2) Percuss upwards from the right iliac fossa - Liver
- 3) Percuss diagonally upwards and to the left - spleen

Check for shifting dullness

-Keep hand in place, ask patient to roll on their side and percuss again

Percuss for liver span/hyperresonance

Auscultate: •Below the umbilicus for bowel sounds
Normal/Absent (Must wait 2-3min before declaring absent) /Tinkling (Tinkling is characteristic for intestinal obstruction)

Offer to auscultate for renal and aortic bruits

Rebound tenderness is exacerbated in peritoneal irritation

Conclusion:

Offer to examine hernial orifices/external genitalia/rectal exam

Check for peripheral oedema

Summary: No peripheral stigmata of GI disease

On examination pulse was: +rhythm was:

Palpation of abdomen was soft and not tender

No masses

No organomegaly

Bowel sounds normal

No bruits

No ankle oedema

Thank patient and explain that the examination is finished

Sanitise Hands

