Abdominal Physical Exam

PATIENT INFORMATION

Name: _____ Age: _____

Date of examination: _____ dd / mm / yyyy Examiner: _____

1. OBSERVATION

Surgical scars

Skin changes

Stomas

Distension

Visible peristalsis

Periumbilical Ecchymosis (Cullen's Sign)

Flank Ecchymosis (Grey Turner's Sign)

2. INQUIRY ABOUT PAIN

Reported pain/tenderness

Location of pain

3. PALPATION

Light Palpation - Findings in 9 Abdominal Areas:

Right upper quadrant

Epigastric region

Left upper quadrant

Right lateral region

Umbilical region

Left lateral region

Right lower quadrant

Suprapubic region

Left lower quadrant

Patient's facial expressions

Deep Palpation - Findings in 9 Abdominal Areas:

Right upper quadrant (Deep)

Epigastric region (Deep)

Left upper quadrant (Deep)

Right lateral region (Deep)

Umbilical region (Deep)

Left lateral region (Deep)

Right lower quadrant (Deep)

Suprapubic region (Deep)

Left lower quadrant (Deep)

Patient's facial expressions (Deep)

4. PERCUSSION TENDERNESS

Findings

5. AUSCULTATION FOR BOWEL SOUNDS

Bowel sounds (Right iliac fossa)

6. LIVER EXAMINATION

Edge detection

Size (percussion)

Bruits (auscultation)

7. SPLEEN EXAMINATION

Edge detection (Spleen)

Size (percussion - Spleen)

8. KIDNEY PALPATION (BALLOTTEMENT)

Right kidney

Left kidney

9. ABDOMINAL AORTA ASSESSMENT

Pulsatile mass

Expansile mass

10. BLADDER PALPATION

Enlargement

Size (percussion - Bladder)

11. ASCITES EXAMINATION (SHIFTING DULLNESS)

Initial percussion findings

Findings after patient repositioning

CONCLUSION

Overall findings

Recommendations

Follow-up plans

Examiner's notes

SIGNATURES

Examiner Name: _____

Examiner Signature

Examiner Date: _____ dd / mm / yyyy Patient (or Guardian) Name: _____

Patient (or Guardian) Signature

Patient Date: _____ dd / mm / yyyy **Relationship to patient (if applicable):** _____