Abdominal examination

Assessment of competences for ANP/ACP/SCP

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please note: Practitioners can add DOPS, PBAs and CEXs as evidence.**

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| --- | --- | --- | --- | --- |
|  | | **NOT competent** | **Competent** | **Signature and date** |
| Inspection and interpretation of AXR | | | | |
| 1 | Introduction   * Confirm patient name and ID * Introduce yourself to the patient * Explain procedure * Consent * Remove clothing * Position: patient sat upright to begin |  |  |  |
| 2 | Body habitus   * Healthy * Obese * Cachectic * Drains, NG etc noted * Jaundice * Abdomen distension * Ascites, organomegaly |  |  |  |
| 3 | Hands   * Koilanyolina iron deficiency anaemia * Leukaryolina hypoalbuminaemia * Clubbing * Parmar erythema * Dupuytren’s contracture – liver cirrhosis * Liver flap asterixis – encephalopathy |  |  |  |
| 4 | Arms   * Needle track, bruising, petechial marking |  |  |  |
| 5 | Axilla   * Acanthosis nigricans – GI malignancy |  |  |  |
| 6 | Face   * Conjunctival pallor * Jaundice of sclera |  |  |  |
| 7 | Mouth   * Angular stomatitis * Glossitis – iron/B12 * Ulcers – Crohn’s * Fluid level |  |  |  |
| 8 | Neck   * Lump node O/E Virchow node GI malignancy   Chest   * Spider naevi * Gynaecomastia |  |  |  |
| 9 | Abdo: patient in supine position with arms by their sides   * Note scars, distension, masses, stomas, caput medusae * Palpation – light and deep: masses not size, shape and consistency, tenderness, guarding; Rovsing sign/McBurney’s point/Blumberg * Liver edges and intercostal margin to size * Spleen work from RIF * Tip patient on side, and palpate anteriorly and posteriorly for the ball of the kidney * Palpate either side of the aorta * Percussion to assess the size of the organs * Auscultation for BS, aortic bruit and renal bruit   Further examination of the genitalia, hernia orifices and a PR should follow. |  |  |  |
| **Assessor’s comments**: | | | | |
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| **This practitioner has completed these outcomes to the appropriate standard.**  **Assessor’s name:**  **Signature and date:** | | **Practitioner’s signature:**  **Date:** | | |