

ABDOMEN CHECK-OFF

EXAMINATION SKILLS	Satisfactory/ Unsatisfactory
1. Do camera angles allow the instructor to view all elements of the physical exam? 2. Is the recording completed in one take (no pauses or interruptions)? 3. Is the student referencing the check off sheet only briefly, a few times? 4. Is the student's physical examination technique correct for more than 80% of all of the exam elements? If the answer is "NO" to any of these questions, mark INCOMPLETE, students will need to repeat the examination per the syllabus	
1. Ensures Privacy <ul style="list-style-type: none"> • Introduces self & explains role • Confirms Patient Identity • Informs patient they will be verbally describing the examination 	
2. Performs Hand Hygiene	
3. Inspects Appearance , comments on: <ul style="list-style-type: none"> • Dress, posture, grooming, & hygiene • Stature & build • Nutritional state • Pallor or cyanosis • Pursed lips or flared nostrils 	
4. Inspects Behavior , comments on: <ul style="list-style-type: none"> • Degree of Cooperativeness • State of distress • Affect • Eye Contact • Motor activity (normokinetic, bradykinetic, hyperkinetic) 	
5. Prepares for Abdominal Exam <ul style="list-style-type: none"> • Instructs the patient to lay supine & <i>inquires about painful areas</i> • Positions patient arms at side or across chest, table extended, with knees flexed • Positions drape, exposing area from xiphoid to symphysis pubis 	
6. Inspects Abdomen using tangential lighting, comments on: <ul style="list-style-type: none"> • Skin & hair characteristics • Contour • Symmetry • Pulsations/movements • Umbilicus 	

<p>7. Auscultates all 4 quadrants for Bowel Sounds with diaphragm clockwise, starting at RLQ, comments on:</p> <ul style="list-style-type: none"> • Rate • Interpretation, significance 	
<p>8. Auscultates for Vascular Sounds with bell</p> <ul style="list-style-type: none"> • Epigastric & Umbilical area <p>Comments on:</p> <ul style="list-style-type: none"> • Venous hum, presence or absence • Aorta • Bilateral Renal Arteries • Bilateral Iliac Arteries • Bilateral Femoral Arteries <p>Comments on:</p> <ul style="list-style-type: none"> • Bruits, presence or absence, quality 	
<p>9. Palpates bilateral Femoral Pulses, comments on:</p> <ul style="list-style-type: none"> • Symmetry • Grade 	
<p>10. Palpates bilateral horizontal & vertical Inguinal Lymph Nodes</p> <p>Comments on:</p> <ul style="list-style-type: none"> • Size • Consistency • Mobility 	
<p>11. Percusses all 4 quadrants of Abdomen clockwise, starting at RLQ, comments on:</p> <ul style="list-style-type: none"> • Tympany or dullness • Interpretation, significance 	
<p>12. Percusses Liver Borders</p> <ul style="list-style-type: none"> • Upper border: percuss intercostal spaces along the right midclavicular line starting from an area of lung resonance down, marking the first area of dullness • Lower border: percuss along the right midclavicular line starting from an area of intestinal tympany up (just below umbilicus), marking the first area of dullness • Measure liver span in cm <p>Comments on:</p> <ul style="list-style-type: none"> • Interpretation, significance 	
<p>13. Percusses Spleen</p> <ul style="list-style-type: none"> • Use Castell's Method • Follow anterior axillary line to last intercostal space (approximately 9th or 10th intercostal space) • Instruct patient to exhale completely and percuss for tympany • Instruct patient to inhale and percuss for change to dullness <p>Comments on:</p> <ul style="list-style-type: none"> • Interpretation, significance 	

<p>14. Performs Light Palpation of abdomen clockwise, starting at RLQ, comments on:</p> <ul style="list-style-type: none"> • Rigidity, guarding • Tenderness • Masses 	
<p>15. Performs Deep Palpation of abdomen clockwise, starting at RLQ, comments on:</p> <ul style="list-style-type: none"> • Rigidity, guarding • Tenderness • Masses 	
<p>16. Palpates Liver</p> <ul style="list-style-type: none"> • Places left hand under thorax parallel to 11-12th ribs • Places right fingertips lightly below costal margin at MCL • Instructs patient to take a deep breath & blow it out completely • On exhale, palpates with right fingertips & applies upward pressure with left • Holds position as patient inhales <p>Comments on:</p> <ul style="list-style-type: none"> • Interpretation, significance 	
<p>17. Palpates Epigastric, Umbilical & Incision Areas for hernias</p> <ul style="list-style-type: none"> • Instructs patient to cough or strain while palpating with palmer surface of hand <p>Comments on:</p> <ul style="list-style-type: none"> • Interpretation, significance 	
<p>18. Tests for Cholecystitis with Murphey's sign</p> <ul style="list-style-type: none"> • Instructs patient to exhale completely • Deeply palpates below right costal margin at mid-clavicular line with upward pressure & instructs patient to inhale <p>Comments on:</p> <ul style="list-style-type: none"> • Interpretation, significance 	
<p>19. Tests for Peritonitis with Rebound Tenderness</p> <ul style="list-style-type: none"> • Palpates McBurney's point slowly & deeply, releasing pressure suddenly <p>Comments on:</p> <ul style="list-style-type: none"> • Interpretation, significance 	
<p>20. Tests for RLQ Peritonitis with Rovsing Sign</p> <ul style="list-style-type: none"> • Palpates LLQ slowly & deeply, releasing pressure suddenly <p>Comments on:</p> <ul style="list-style-type: none"> • Interpretation, significance 	
<p>21. Tests for Retrocecal Appendicitis with Psoas sign</p> <ul style="list-style-type: none"> • Instructs patient to actively flex leg at hip against resistance with knee flexed • Instruct patient to lie on left side and hyperflex right hip <p>Comments on:</p> <ul style="list-style-type: none"> • Interpretation, significance 	

<p>22. Tests for Pelvic Appendicitis with Obturator sign</p> <ul style="list-style-type: none"> • Position patient with hip & knee flexed at 90 degrees, supporting ankle & knee • Passively internally rotate leg at hip <p>Comments on:</p> <ul style="list-style-type: none"> • Interpretation, significance 	
<p>23. Percusses bilateral Kidneys for CVA Tenderness</p> <ul style="list-style-type: none"> • Places palmar surface of hand at costovertebral angle • Make fist with other hand, strikes first hand • Observes patient for signs of tenderness or pain <p>Comments on:</p> <ul style="list-style-type: none"> • Interpretation, significance 	
<p>24. Appropriately concludes the exam with the patient</p>	