November 9th, 2024 at 20:57 UTC 9

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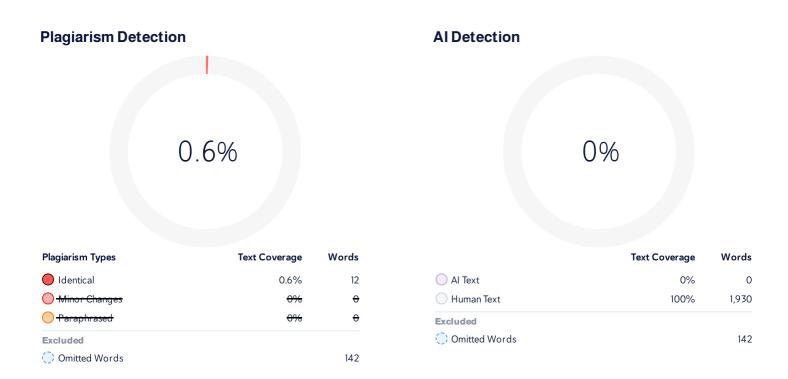
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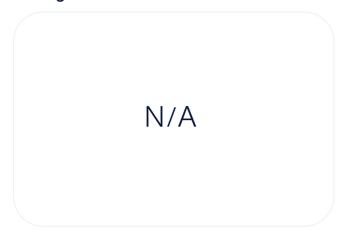
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Abdomen health assessment (history taking and physical examination)

Daniya A.S (202310115): Introduction (Patient Biographical Data) and Anatomy and physiology of the abdomen.

Basma Ali (202310084): Subjective data and Inspection.

Samar Mahmoud leader of the group (202310134): Auscultation and conclusion.

Basma Dabih (202220085): Objective data and Percussion.

Sara Mohamad Alaktaa (202310094): Palpation and Objectives of the assignment.

NUR-2314 Comprehensive Health Assessment

College of Health Sciences Bachelor of science in nursing

Dr. Mona Afify

Objectives of the assignment

Presenting the biographical data of our case (Mr. S)

Applying the four techniques to the abdomem while preforming the physical examination.

Extracting the results we extracted through the four techniques.

The Case:

Mr. S 47-year-old male came to hospital with swelling in his abdominal area, pain, vomiting, bloating and loss of appetite.

(Introduction) Patient Biographical Data

Full Name: Mr. S Sam Han.

Date Of Birth: 3/8/1977

Age: 47

Gender: Male

Address: Abu Dhabi

Height: 1.75 meters

Weight: 100 kg

BMI: 32.7 (Obesity Class 1)

Contact Number: +971 05812364

Anatomy and Physiology of the Abdomen

The anatomy and physiology of the abdomen focus on the structure, and include organs crucial for digestion, absorption, filtration, and waste removal. The abdominal cavity houses several major organs within a framework of muscles and tissues that support and protect them. The primary components and their roles:

The gastrointestinal tract-comprising the esophagus, stomach, small intestine, large intestine, rectum, and anus-breaks down food, absorbs nutrients, and expels waste. The small intestine maximizes nutrient absorption, while the large intestine compacts waste and absorbs water. Accessory organs like the liver, gallbladder, and pancreas aid digestion by producing bile and enzymes. The liver also detoxifies blood and stores nutrients. The urinary system (kidneys, ureters, bladder, and urethra) filters blood, balances fluids, and removes waste via urine.

The spleen supports immunity by filtering blood and recycling red blood cells. Finally, the peritoneum, a membrane around the abdomen, protects organs and reduces friction with a small fluid-filled cavity. Together, these organs maintain balance and support health.

the Abdomen is divided into 9 regions:

-Epigastric: the upper middle area.

- -Umbilical: area around the costal margin's umbilicus
- -Hypogastric or Suprapubic: area above the pubic bone.
- -Right hypochondriac: includes the liver, gallbladder, right kidney and segments of small and large intestines.
- -Left hypochondriac: consists of left kidney, large and small intestines, pancreas, spleen, stomach and liver's tip.
- -Right lumbar are made up of ascending colon, half of right kidney and ileum.
- -Left lumbar: consists of the portions of the descending colon, the left kidney and small intestine.
- -Right Iliac: contains parts of the appendix, the ascending colon, cecum and some part of the small intestines.
- -Left Iliac: The parts involved are the descending colon, the sigmoid colon and small intestine.

#### The Four Abdominal Quadrants:

Each of the four abdominal quadrants is occupied by certain organs which can be a good starting when diagnosing or evaluating a patient.

The Right Upper Quadrant (RUQ) contains the liver, Gallbladder, Right kidney and adrenal, duodenum, head of the pancreas, hepatic flexure of colon, and parts of the ascending and transverse colon.

On the Right Lower Quadrant (RLQ) we find the cecum, appendix, right fallopian tubes and ovary, right spermatic cord, and right ureter in males while in females. The Left Upper Quadrant (LUQ) contains the stomach, spleen, superior lobe of the liver, head of the pancreas, most of the kidney & adrenal, splenic flexure and colon, and portions of the transverse and of descending colon. Acted by the Left Lower Quadrant (LLQ) are the descending and sigmoid colon, the left ovary or fallopian tube in female, and midline structures as with the midabdomen. In addition, along the Midline, you note the aorta; the uterus (if enlarged) and the bladder if they are obstructed. These quadrant divisions are useful in making a diagnosis and in the examination of the patient. (Understanding Abdominal Quadrants, n.d.)

#### Subjective Data

- 1-Mr. S did you note any change in your appetite [loss of appetite (anorexia) or increase in appetite (polyphagia)]? Or any change in your weight? How much weight did you gain or lose?
- 2-Mr. S do you have any pain? When did it start? Is it constant? Where is it? Is it radiation? What makes it worse or relieves it?
- 3-Mr. S did you feel vomiting? How often and how much are it? what is the color and odor [vomiting with blood(hematemesis)]
- 4-What did you eat last 24 hours Mr.'s? Do you smoke or consume alcohol?
- 5-Mr. S do you feel bloating? How often? Did you take medication?

**Objective Data** 

Laboratory tests were done for Mr. S such as CBC (Complete Blood Count), Urinalysis, and these were the results:

#### Physical Assessment

1-Inspection:

Ask Mr. S to lie on the examined bed (supine position), and put small pillows beneath the head and knee and the arms at the sides to relax the abdominal muscles.

Shine a light across the abdomen to observe the symmetry of the abdominal wall. The abdomen is symmetric, bilaterally and no bulging. The umbilicus in the midline and inverted indicates normal findings. Inspect for any mass, to differentiate between abdominal and intra-abdominal mass ask Mr. S to lift his head and feet off the bed examination to tense the abdominal wall, the intra-abdominal mass will disappear or become less prominent while the abdominal mass will become more prominent. If a mass is present indicate the location to the abdominal quadrants. Then observe the shape of the abdomen by standing on Mr. S's right side and stooping to gaze at the abdomen.

Normal findings include flat or round abdominal with no sign of abdominal distention. Observe skin surface, normal findings: smooth, even and homogeneous color skin surface. Also, no lesion appears, and a surgical scar may present, if it is represented it should be documented indicating the length in cm. Inspect the movement of the abdominal muscles. Pulsation in the epigastric area from the aorta may be visible in a thin person. Normally during inspiration, the abdomen moves inward and moves outward during expiration.

-During perform inspection for Mr. S abdominal bulging and distension were present which indicated accumulation of fluid in the abdominal region occurred in serious conditions of ascites. Mr. S's abdomen skin surface appears glistening and rigid which is associated with ascites. Mr. S has abdominal mass which can appear because of the protruding of any abdominal viscera through the opening in the abdominal muscle wall. Mr. S is quiet and resisting movement indicating peritonitis pain (Google Books, n.d.-b).

#### 2-Auscultation:

Auscultation comes after inspection when examining the abdomen. It is done by using the Diaphragm of the stethoscope because abdominal sounds are considered high-pitched. With light pressure apply your warm stethoscope at the RLQ at the ileocecal valve while patient is supine and listen to the following: bowel sounds and Vascular Sounds. It is indicated that bowel sounds are a result of air, fluid movement in stomach and intestines. Bowel sounds normally should present and appear high pitched, hollow bubbling (gurgling), cascading and occur 5-30 times/minute. Due to vascular sounds use more firm pressure when auscultating and listening to the following arteries: aorta, renal arteries, iliac, and femoral. Normally bruits(swishing) should not be heard.

-When auscultation was performed among Mr. S abdomen no bowel sound was heard which indicates that there is a lack or fail of working in the abdomen structures. This can be due to paralytic ileus (Ferguson, 1990).

#### 3-Percussion:

Mr. S case, considering the symptoms, swelling in the abdomen, pain, bloating, loss of appetite, and vomiting. Percussion can help the potential underlying causes of those symptoms. For the normal findings, it's expected to hear a high pitched- drum like sound when percussion over air filled structures, like intestines and stomach, and we expect tympany in some areas of the abdomen that contain gas. A muffled, dull sound over structures like liver or spleen is also normal while percussing, and it suggests a healthy, non-distended organ structures.

-On the other side, according to the symptoms in Mr. S case. He has a dullness over areas where tympany is expected, like above the intestines, and this suggests the presence of fluid(ascites), which can be caused by liver disease or other issues that causes abdominal fluid. When percussing Mr. S in a supine position, we found a dullness on the sides of the abdomen, a tympany in the middle areas, and when the patient shifts to a side laying position, the dullness also shifts, and this is also a sign of presence of fluid in the abdomen, as fluid moves with gravity. The dullness also may indicate a mass or enlarged organ such as a tumor or an enlarged liver causing the abdominal swelling and the loss of appetite.

Those findings will guide further investigation such as, laboratory tests or imaging to make sure if Mr. S symptoms are due to fluid accumulation, a mass or another gastrointestinal issue (Yamada & Alpers, 2015).

#### 4-Palpation:

The last technique is palpation. In a supine position, we will ask the patient to relax and take deep and slow breaths. Palpation should be light and gentle at the beginning with a:

- -depressing of 1 cm with four close fingers
- -Moving clockwise
- -starting from the right lower quadrant.

Remember, normally in light palpation there shouldn't be any tenderness, masses, muscle guarding, or rigidity. The next step is deep palpation, leaving the area of tenderness to the last and palpating in a more powerful way by depressing 5 to 8 cm in the same sequence and focusing on the deeper structures like the liver, spleen, and kidney with four close fingers or:

- -use the two hands for palpation one hand is applying gentle pressure on the other.
- -use one hand to support the back and the other to palpate.

(specially to palpate the soft deep organs like the liver, spleen, and kidney).

-Other type of testing is the "Rebound tenderness" test:

Holding the hand perpendicular to the abdomen in a 90° and we will use this test on the site away from the painful area by bushing the hand down in a slow and deep motion and then taking the hand out quickly. Normally, no pain will be felt (Liddington & Thomson, 1991, p. 795).

In this session we are noting the size, location, shape, surface, consistency, tenderness, or any palpable organ, and the organs of the abdomen should have a: normal size range, right location of the four quadrants, normal shape with no protruding viscera, consistency is soft and firm, smooth surface, no tenderness, and no feelings of enlarged organs.

-Our case Mr. S:

During palpation, Mr. S' felt tenderness in most of the abdomen in general, especially in deep palpation. There was bulging while palpating and an unreasonable abdominal distension and rigidity was felt, indicating fluid accumulation and possible inflammation which confirmed the inspection of peritonitis, ileus, and ascites. Because Mr. S felt generalized pain, he estimated it at 7.5 on the numerical pain scale. In addition, a mass in the umbilical region was felt which might indicate an umbilical hernia. luckily, it is around 2cm in diameter at the naval and it is soft upon palpation which is a manageable condition. Of cource, further tests are required to make sure of the results.

#### Conclusion

The abdominal region is a very complex part of the human body due to the great number of structures it contains, each one with a crucial function for human life. Any abnormalities or problems facing patients due to their abdominal area should be precisely assessed firstly by taking health history of the patient which include biographical data, and secondly by performing the physical examination to the abdomen which includes the four following techniques: inspection, auscultation, percussion, and palpation.

This experience helped us as students to gain a knowledge on how to perform a complete assessment to the abdominal area, and increased our ability to connect between subjective and objective data and between theoritical parts and the actual performance, moreover it enhanced our ability to think out of the box and bring wide range of possibilities to describe Mr. S condition.

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