

Abdomen and Gastrointestinal Assessment

Name: _____

Date: _____

Age: _____ Gender: _____

History

For female clients, LMP: _____

Review of history related to abdomen and gastrointestinal system:

YES/NO

If YES, provide details:

Dietary

- | | | | |
|--------------------------|--------------------------|---------------------------------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | Recent weight change | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Concerned about weight | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Appetite change | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Food allergies or intolerances | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | On special diet at present | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Use of food supplements | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Use of weight-controlling drugs | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Eating disorders | _____ |

Dietary recall, if not previously done (see Chapter 9):

Gastrointestinal System

- | | | | |
|--------------------------|--------------------------|--|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | GI, hepatic, gallbladder, pancreatic disease | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Abdominal surgeries | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Diabetes | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Difficulty swallowing | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Change in bowel habits | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Indigestion | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Burping increased gas | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Heartburn or gastric reflux | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Abdominal pain | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Nausea, vomiting, diarrhea | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Flatulence or increased gas | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Substance abuse (alcohol, other drugs) | _____ |

Stools

- ☐ ☐ Difficulty with bowel movements _____
- ☐ ☐ Diarrhea/constipation _____
- ☐ ☐ Consistency of stools _____
- ☐ ☐ Fecal incontinence _____
- ☐ ☐ Stool characteristics _____
- ☐ ☐ Frequency of bowel movements _____
- ☐ ☐ Color of stools _____

Liver

- ☐ ☐ Jaundice _____
- ☐ ☐ Diarrhea _____
- ☐ ☐ Color of urine _____
- ☐ ☐ Immunizations _____
- ☐ ☐ Substance abuse _____

Focused symptom analysis of current problem:

Reason for visit: _____

Character: _____

Onset: _____

Duration: _____

Location: _____

Severity: _____

Associated problems: _____

Efforts to treat: _____

Current medications: _____

Family history gastrointestinal system, diabetes: _____

Physical Assessment

Height and Weight

Height in inches: _____ Weight in pounds: _____ BMI: _____

Abdomen: Inspection

General characteristics (color, symmetry, contour, scars, venous pattern, pulsations, peristalsis, umbilicus, hernia; identify any enteral tubes):

Auscultation

General characteristics (four quadrant characteristics of bowel sounds — presence, characteristics, frequency): _____

Abdominal vascular system for bruits (aorta, iliac, renal arteries): _____

Percussion

General characteristics (four quadrant characteristics of abdominal tones over small and large intestine, liver, and gastric bubble): _____

Liver (location, liver span, and borders): _____

Spleen (location, spleen location, span and borders): _____

Palpation

General characteristics (four quadrant characteristics of abdominal using shallow and deep palpation. Note muscle tone, tenderness, pain, discomfort, lumps and/or masses, inguinal lymph nodes, femoral pulses): _____

Liver (location, liver span, and borders): _____

Spleen (location, spleen location, span and borders): _____

Special Evaluation Procedures

Rebound tenderness (pain reported following rapid removal of hand from position of deep palpation): _____

Psoas sign (hip flexion from supine position causes pain): _____

Murphy's sign (palpate liver; if gallbladder descends to meet examiner's fingers, the client has abrupt disruption of inspiration): _____

Special Findings

Ascites: _____

Enteral tubes (location, condition): _____

Analysis:
