

Liver Span

1. Percuss downward from the chest in the right midclavicular line until you detect the first edge of liver dullness.
2. Percuss upward from the abdomen in the same line until you detect the bottom edge of liver dullness.
3. Measure the liver span between these two points. This measurement should be 6-12 cm in a normal adult.



Splenic Dullness

1. Percuss the lowest costal interspace in the left anterior axillary line. This area is usually tympanic.
2. Ask the patient to take a deep breath and percuss this area again. Dullness in this area is a sign of splenic enlargement.



Palpation

General Palpation

1. Begin with **light palpation** (1 cm deep). At this point you are mostly looking for areas of tenderness. The most sensitive indicator of tenderness is the patient's facial expression (as watch the patient's face, not your hands). Violations of propriety (scratching) may also be present.
2. Proceed to **deep palpation** (4-6 cm deep) after surmising the abdomen lightly. Try to identify abdominal masses or areas of deep tenderness.

Examination Techniques

1. **Inspection** - Visual observation of the patient's appearance.
2. **Palpation** - Touching the patient's body to detect abnormalities.
3. **Percussion** - Tapping the patient's body to detect abnormalities.
4. **Auscultation** - Listening to the patient's body to detect abnormalities.
5. **Measurement** - Measuring the patient's body to detect abnormalities.

NP PA and MD

Advanced Physical Assessment Study Guide

Examination Techniques

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Light

- a) Cover the room lights as necessary.
- a) Ask the patient to look into the distance.
- a) Shine a bright light obliquely into each pupil in turn.
- a) Look for both the direct (same eye) and consensual (other eye) reactions.
- a) Record pupil size in mm and any asymmetry or irregularity.

Accommodation

1. If the pupillary reactions to light are diminished or absent, check the reaction to accommodation (near reaction).
2. **Hold your finger about 10 cm from the patient's nose.**
3. **Ask them to alternate looking into the distance and at your finger.**
4. **Observe the pupillary response in each eye.**



Ophthalmoscopic Exam

1. Darken the room as much as possible.
2. Adjust the ophthalmoscope so that the light is no brighter than necessary. Adjust the aperture to a plain white circle. Set the discolor dial to zero and turn the wheel until a yellow cutting for your eyes.
3. Use your left hand and left eye to examine the patient's left eye. Use your right hand and right eye to examine the patient's right eye. Place your free hand on the patient's shoulder for better control.
4. Ask the patient to stare at a point on the wall or corner of the room.
5. Look through the ophthalmoscope and shine the light into the patient's eye from about two feet away. You should see the retina as a "red reflex." Follow the red reflex to move within a few inches of the patient's eye.
6. Adjust the discolor dial to bring the retina into focus. The correct and follow it to the gold disk. Use this as a point of reference from the right disk at least four times any abnormalities.
7. Move nearer from the disk to observe the macula.
8. Repeat for the other eye.
9. Normal color should be creamy yellow-orange to pink.

Nursing Assessment

1. Part of Nursing Process
2. Nurses use physical assessment skills to:
 - a) Obtain baseline data and expand the data base from which subsequent phases of the nursing process can evolve.
 - a) To identify and manage a variety of patient problems (actual and potential)
 - a) Evaluate the effectiveness of nursing care
 - a) Enhance the nurse-patient relationship
 - a) Make clinical judgments

Gathering Data

1. **Subjective data** - Told by the client (H)
2. **Objective data** - Observed by the nurse (O)
3. **Document** - SOAP/AR

Assessment Techniques

The order of techniques is as follows: **Inspection** - **Palpation** - **Percussion** - **Auscultation** except for the abdomen which is **Inspection** - **Auscultation** - **Percussion** - **Palpation**.

A. Inspection - critical observation. **Observe first!**

1. **General appearance** - Observe the patient's overall appearance, including skin color, hair, and facial features.
2. **Head and neck** - Observe the patient's head and neck for any abnormalities, including swelling, redness, and tenderness.
3. **Chest** - Observe the patient's chest for any abnormalities, including shape, size, and color.
4. **Abdomen** - Observe the patient's abdomen for any abnormalities, including shape, size, and color.
5. **Extremities** - Observe the patient's extremities for any abnormalities, including shape, size, and color.
6. **Genitalia** - Observe the patient's genitalia for any abnormalities, including shape, size, and color.
7. **Rectum** - Observe the patient's rectum for any abnormalities, including shape, size, and color.
8. **Perineum** - Observe the patient's perineum for any abnormalities, including shape, size, and color.
9. **Anal** - Observe the patient's anal area for any abnormalities, including shape, size, and color.
10. **Urethra** - Observe the patient's urethra for any abnormalities, including shape, size, and color.
11. **Vagina** - Observe the patient's vagina for any abnormalities, including shape, size, and color.
12. **Penis** - Observe the patient's penis for any abnormalities, including shape, size, and color.
13. **Scrotum** - Observe the patient's scrotum for any abnormalities, including shape, size, and color.
14. **Testes** - Observe the patient's testes for any abnormalities, including shape, size, and color.
15. **Epididymis** - Observe the patient's epididymis for any abnormalities, including shape, size, and color.
16. **Spermatozoa** - Observe the patient's spermatozoa for any abnormalities, including shape, size, and color.
17. **Seminal vesicle** - Observe the patient's seminal vesicle for any abnormalities, including shape, size, and color.
18. **Prostate gland** - Observe the patient's prostate gland for any abnormalities, including shape, size, and color.
19. **Uterus** - Observe the patient's uterus for any abnormalities, including shape, size, and color.
20. **Ovary** - Observe the patient's ovary for any abnormalities, including shape, size, and color.
21. **Vulva** - Observe the patient's vulva for any abnormalities, including shape, size, and color.
22. **Clitoris** - Observe the patient's clitoris for any abnormalities, including shape, size, and color.
23. **Labia** - Observe the patient's labia for any abnormalities, including shape, size, and color.
24. **Perineal pouch** - Observe the patient's perineal pouch for any abnormalities, including shape, size, and color.
25. **Anal canal** - Observe the patient's anal canal for any abnormalities, including shape, size, and color.
26. **Rectal ampulla** - Observe the patient's rectal ampulla for any abnormalities, including shape, size, and color.
27. **Rectal sigmoid** - Observe the patient's rectal sigmoid for any abnormalities, including shape, size, and color.
28. **Rectal descending** - Observe the patient's rectal descending for any abnormalities, including shape, size, and color.
29. **Rectal transverse** - Observe the patient's rectal transverse for any abnormalities, including shape, size, and color.
30. **Rectal ascending** - Observe the patient's rectal ascending for any abnormalities, including shape, size, and color.
31. **Rectal cecum** - Observe the patient's rectal cecum for any abnormalities, including shape, size, and color.
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50. **Rectal appendix** - Observe the patient's rectal appendix for any abnormalities, including shape, size, and color.

2. Ask the patient to inspire deeply.
3. The level of dullness (diaphragmatic excursion) should go down 3-6 in symmetrically.



Anterior Chest

1. Percuss from the midline outwards to the midaxillary line in the midclavicular line.
2. Compare the results in the other lung for symmetry.
3. Note the location and quality of the percussion sounds you hear.

Posterior Chest

1. Percuss from the midline outwards to the midaxillary line in the midclavicular line.
2. Compare the results in the other lung for symmetry.
3. Note the location and quality of the percussion sounds you hear.
4. Find the point of the midclavicular line.
5. Find the point of the midaxillary line.
6. Find the point of the midclavicular line.

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