

REGIONAL WRITE-UP—ABDOMEN

Date _____

Examiner _____

Patient _____ Age _____ Gender _____

Reason for visit _____

I. Health History

	No	Yes, explain
1. Any change in appetite ? Loss?	_____	_____
2. Any difficulty swallowing ?	_____	_____
3. Any foods you cannot tolerate ?	_____	_____
4. Any abdominal pain ?	_____	_____
5. Any nausea or vomiting ?	_____	_____
6. How often are bowel movements ?	_____	_____
7. Any past history of GI disease ?	_____	_____
8. What medications are you taking?	_____	_____
9. Tell me all food you ate in the last 24 hours , starting with:		
breakfast snack lunch snack dinner snack		

II. Physical Examination

A. Inspection

Contour of abdomen _____
 General symmetry _____
 Skin color and condition _____
 Pulsation or movement _____
 Umbilicus _____
 State of hydration and nutrition _____
 Person's facial expression and position in bed _____

B. Auscultation

Bowel sounds _____
 Note any vascular sounds _____

C. Percussion

Percuss in all four quadrants _____
 Percuss borders of liver span in R MCL _____ cm
 Percuss spleen _____
 If suspect ascites, test for fluid wave and shifting dullness _____

D. Palpation

Light palpation in all four quadrants
 Muscle wall _____
 Tenderness _____
 Enlarged organs _____
 Masses _____
 Deep palpation in all four quadrants
 Masses _____
 Contour of liver _____

Spleen _____
 Kidneys _____
 Aorta _____
 Rebound tenderness _____
 CVA tenderness _____

E. Additional tests, if indicated

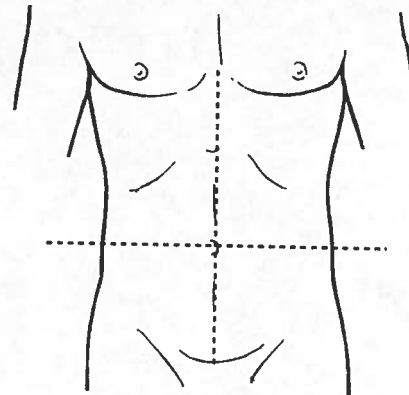
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Summarize your findings using the SOAP format.

Subjective (Reason for seeking care, health history)

Objective (Physical examination findings)

Record findings on diagram



Assessment (Assessment of health state or problem, diagnosis)

Plan (Diagnostic evaluation, follow-up care, teaching)