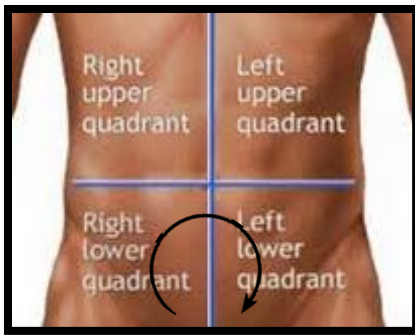


Abdominal Auscultation and Palpation



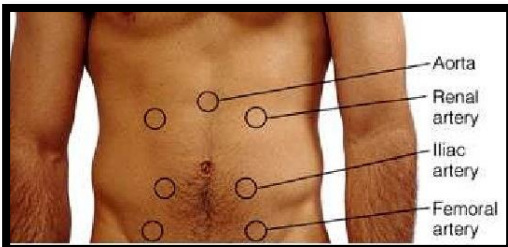
Listen to all 4 quadrants – Use the diaphragm and start with right lower quadrant then move clockwise

(Right lower → Right upper → Left upper → Left lower)

Listen for **Intensity** of sounds (soft or strong)

Listen for **Frequency** of sounds (Normal, hypoactive, hyperactive or absent)

Name	Frequency	Examples of reasons
Normal (normoactive)	one sound every 5-15 seconds	Occasional borborygmus (loud prolonged gurgle) may be heard
Hypoactive:	one sound every 20-30 seconds or longer	constipation, normal during sleep, after certain medications and after abdominal surgery
Absent:	No sounds heard over 5 minutes	ileus, obstruction, perforation, trauma
Hyperactive:	As frequent as every second	stomach upset, cramping, after eating, anxiety, gastroenteritis



You can listen for bruits with the bell. If you hear a bruit, identify it by name – Aorta, renal artery, iliac artery, femoral artery

Hearing a bruit can signal an aneurysm, renal artery stenosis, or can just be because your resident is very thin

Palpation:

Palpate for any masses, lumps or tenderness. The abdomen should be soft with no pain. Palpate lightly (about 2cm) and then deeply (4-5cm), leaving known tender areas for last.

An experienced clinician may also palpate for specific organs and use percussion to assess for organs and tympany. This is not an expectation of the typical nursing assessment.



Rebound tenderness:

If upon quick removal of pressure from palpation, the person has an increase in pain, this is known as rebound tenderness. It is a sign of peritonitis and should be reported.