

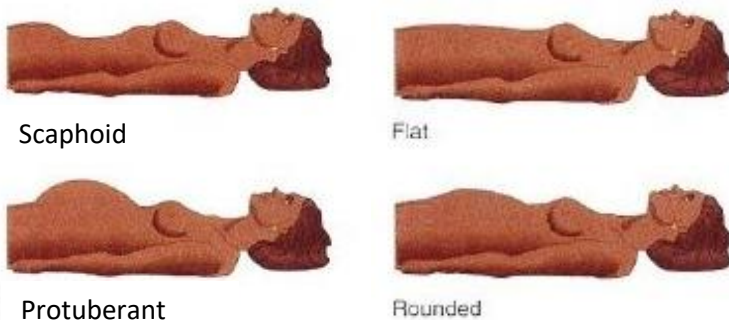
Abdominal Inspection

Prepare yourself and the resident:

1. Perform hand hygiene.
2. Tell the resident what you are going to do, and with their consent, with the resident lying on their back if possible, expose their abdomen.
3. Keep the resident warm and as covered as possible, with privacy.

Inspect the abdomen:

4. Inspect the contour of the abdomen: *flat, rounded, scaphoid, or protuberant*



5. Check the skin for any rashes, scars, lesions, bulges or masses
6. Inspect for symmetry – abdomen should be symmetrical bilaterally
7. Look for movements in the abdomen – e.g. pulsations, peristalsis
8. Check any tubes or equipment (catheter, PSG tubes, ostomies)
9. Ask about:
 - Urine and bowel function
 - Pain (PQRST assessment) – or look for non-verbal signs of pain such as facial expression, position, guarding, use nonverbal pain assessment tools
 - Appetite changes, nausea, vomiting

Complete Procedure:

10. Replace the resident's clothing and make them comfortable.
11. Perform hand hygiene.
12. Record findings and report findings when required.