Abdominal Assessment

Nursing

The one examination where auscultation precedes touching the patient.

Inspect, auscultate, percuss, palpate — and palpate the painful area last.

1. **Inspect**
   Contour, distension, scars, stomas, drains, visible pulsation.

2. **Auscultate**
   Bowel sounds before any pressure is applied to the abdomen.

3. **Percuss**
   Tympany over gas, dullness over fluid or a solid organ.

4. **Palpate lightly**
   All four quadrants, watching the face rather than the hand.

5. **Palpate deeply**
   Only if indicated and permitted, and the painful area last.

6. **Ask**
   Last bowel motion, flatus, appetite, nausea, output.

Educational reference. Report a rigid, silent or newly distended abdomen promptly. Deep palpation may be restricted by scope and