

## NURS 4520 Esther Park Shadow Health Abdominal Assessment

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Ms. Esther Park is a one-year old woman who comes to the clinic complaining of abdominal pain. She reports that the pain isn't severe, but that her daughter was concerned and brought her in. It is very important to determine whether or not the situation is an emergency and the underlying cause of Esther's discomfort. Be sure to inquire about a variety of [psychosocial factors](#) related to the GI system, including diet, toilet habits, immunizations, recent travel, etc.

This case study will offer you the opportunity to take a complete surgical, reproductive, and current sexual history. During her physical examination, take particular note as to where Mrs. Park verbalizes pain during palpation so that you may synthesize verbal and non-verbal cues. Be sure to apply the supportive information learned in this week's concept lab to your critical thinking process in this case study.

- What is the care plan for [esther park shadow health abdominal assessment](#)?

Scattered dullness in LLQ during percussion is suggestive of feces in the colon; otherwise, her abdomen is tympanic. Her abdomen is soft to palpation; mild guarding and oblong mass suggesting feces were discovered in LLQ. No CVA tenderness; liver span 7 cm @ MCL; no splenic dullness.

Digital rectal exam revealed a fecal mass in the rectal vault. No abnormalities were noted during the [pelvic exam, so pelvic inflammatory disease](#) is not suspected. Ms.

Park's urinalysis was normal, which rules out a [urinary tract infection](#). No signs of dehydration.

### **Explanation:**

From the physical exam alone, I can already conclude the patient will need a manual disimpaction. The physical examination also suggests that constipation is an issue. The LLQ dullness is suggestive of feces. As we know, the LLQ is where the descending and sigmoid colon are located.

The sigmoid colon obviously leads to the rectum which is where a fecal mass is identified. We know there is no hepatomegaly, the spleen is WNL, UA is negative, etc.

It seems as though the primary cause for the [abdominal pain](#) is the fecal impaction. I would also say this is emergent, because there is mild guarding on physical examination. Even though it is just mild, it still suggests inflammation and inflammation suggests infection.

The patient should be sent to the ER, for routine labs (CBC, CMP, Lactic, etc) and imaging.

### **Objective Data Collection: 21 Of 21 (100%)**

Subjective Data Collection

Objective Data Collection

- Correct
- Partially correct

- Incorrect
- Missed

Education & Empathy Documentation

**Inspected head and face 1 of 1 point**

Care Plan

**Skull Symmetry (1/3 Point)**

- Symmetric
- Asymmetric

**Facial Feature Symmetry (1/3 Point) NURS 4520 Esther Park Shadow Health**

**Abdominal Assessment**

- Symmetric
- Asymmetric

**Appearance (1/3 Point)**

- No visible abnormal findings Flushed appearance
- Rash or lesion
- Skin growths (freckles, moles, or birthmark) Excessive hair growth
- Evidence of skin trauma (scar, laceration, or bruising)

**Inspected nasal mucosa 1 of 1 point**

## **Inspected mouth 1 of 1 point**

### **Oral Mucosa (1/1 Point)**

- Moist and pink
- Dry appearance
- Redness

## **Inspected abdomen 1 of 1 point**

### **Symmetry (1/3 Point)**

- Symmetric
- Asymmetric

## **Contour (1/3 Point) NURS 4520 Esther Park Shadow Health Abdominal Assessment**

- Flat
- Rounded
- Protuberant
- Hollowed

### **Appearance (1/3 Point)**

- No visible abnormal findings
- Rash
- Striae

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- Distension
- Visible masses (warts, cysts, or tumors) Freckles, birthmark, or discoloration
- Excessive hair growth
- Scarring
- Laceration, lesion, or wound Bruising
- Redness
- Jaundice
- Prominent veins

**Inspected for edema in lower extremities 1 of 1 point**

**Right: Edema (1/4 Point)**

- No edema
- Pitting
- Non-pitting

**Right: Severity Of Edema (1/4 Point)**

- No edema
- 1+ Slight pitting

- 2+ Deeper pit, disappears in 10 to 15 seconds
- 3+ Noticeably deep pit that lasts more than a minute 4+ Very deep pit that lasts 2 to 5 minutes

**Left: Edema (1/4 Point)**

- No edema
- Pitting
- Non-pitting

**Left: Severity Of Edema (1/4 Point)**

- No edema
- 1+ Slight pitting
- 2+ Deeper pit, disappears in 10 to 15 seconds
- 3+ Noticeably deep pit that lasts more than a minute 4+ Very deep pit that lasts 2 to 5 minutes

**Auscultated heart sounds 1 of 1 point**

**Heart Sounds (1/2 Point)**

- S1 and S2 audible
- S1, S2, and S3 audible S1, S2, and S4 audible
- S1, S2, S3, and S4 audible

**Extra Heart Sounds (1/2 Point)**

- No extra sounds
- Gallops
- Murmur
- Friction rub
- Valve clicks

### **Auscultated breath sounds 1 of 1 point**

#### **Breath Sounds (1/3 Point)**

- Present in all areas
- Diminished in some areas
- Absent in some areas

#### **Adventitious Sounds (1/3 Point)**

- No adventitious sounds
- Wheezing
- Fine crackles Stridor
- Rhonchi Rales

#### **Location (1/3 Point)**

- All areas clear
- Adventitious sounds in anterior right upper lobe Adventitious sounds in anterior right middle lobe

- Absent
- Hypoactive
- Normoactive



- Hyperactive

**Location Of Non Normoactive Bowel Sounds (1/2 Point)**

- All quadrants normoactive
- Right upper quadrant
- Right lower quadrant
- Left upper quadrant
- Left lower quadrant

**Auscultated abdominal arteries 1 of 1 point**

**Right: Renal (1/6 Point)**

- No bruit
- Bruit

**Right: Iliac (1/6 Point)**

- No bruit
- Bruit

**Right: Femoral (1/6 Point)**

- No bruit
- Bruit

**Left: Renal (1/6 Point)**

- No bruit

- Bruit

**Left: Iliac (1/6 Point)**

- No bruit

- Bruit

**Left: Femoral (1/6 Point)**

- No bruit

- Bruit

**Percussion Abdomen 1 of 1 point**

**Observations (1/1 Point)**

- All areas generally tympanic
- Some areas dull, some tympanic
- Some areas resonant

**Percussed CVA tenderness 1 of 1 point**

**Patient Reaction (1/1 Point)**

- Did not react
- Pain reaction

## **Percussed spleen 1 of 1 point**

### **Spleen (1/1 point)**

- Tympany
- Dullness

## **Percussed liver 1 of 1 point**

### **Liver Span (1/1 Point)**

- Smaller than 6 cm
- Between 6 and 12 cm
- Greater than 12 cm

## **Palpated abdomen – light 1 of 1 point**

### **Tenderness (1/3 Point)**

### **Location Of Tenderness (1/3 Point)**

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- No quadrants tender
- Tenderness reported
- Right upper quadrant
- Right lower quadrant

- Left upper quadrant
- Left lower quadrant

**Observations (1/3 Point)**

- No additional observations
- Masses
- Guarding
- Distension

**Palpated abdomen – deep1 of 1 point**

**Presence Of Unexpected Mass (1/2 Point)**

- No palpable mass
- Palpable mass

**Location Of Mass (1/2 Point)**

- No palpable mass
- Right upper quadrant
- Right lower quadrant
- Left upper quadrant
- Left lower quadrant

- Around umbilicus

### **Palpated Liver 1 Of 1 Point**

#### **Detection (1/1 Point)**

- Not palpable
- Palpable

### **Palpated spleen 1 of 1 point**

#### **Detection (1/1 Point)**

- Not palpable
- Palpable

### **Palpated bladder 1 of 1 point**

#### **Detection (1/1 Point)**

- Not palpable
- Palpable

### **Palpated kidneys 1 of 1 point**

#### **Right (1/2 Point)**

- Palpable
- Not palpable

**Left (1/2 Point)**

- Palpable
- Not palpable

**Tested Skin Turgor 1 Of 1 Point**

**Observations (1/1 Point)**

- No tenting
- Tenting