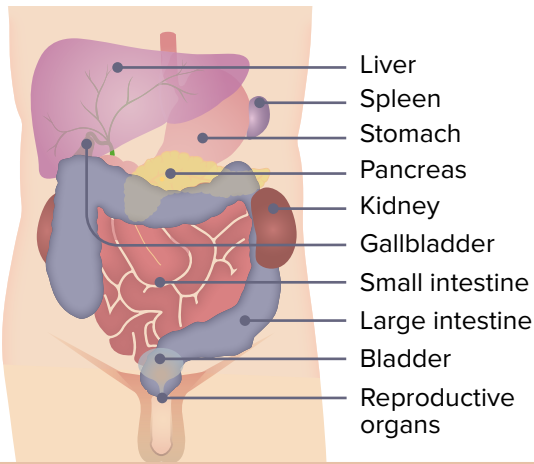


NURSING ASSESSMENT OF THE ABDOMINAL CAVITY



Contents of Abdominal Cavity



Physical Assessment

Order of abdominal assessment

- 1 Inspect
- 2 Auscultate
- 3 Percuss
- 4 Palpate

REMINDER:

This assessment order varies from other areas of the body.

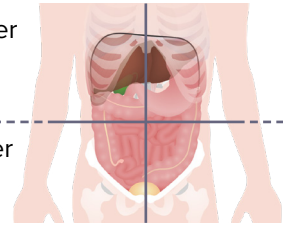
Abdominal Quadrants

Right upper quadrant (RUQ)

Left upper quadrant (LUQ)

Right lower quadrant (RLQ)

Left lower quadrant (LLQ)



CLINICAL TIP:

Complete each assessment in all 4 quadrants.



Do not palpate the abdomen if an undiagnosed mass is present or bruits are auscultated. Contact provider first.

	Assessment	Normal findings	Abnormal findings
1	Assess for shape, skin abnormalities, masses, movement w/ respirations or pulsations.	Abdomen is soft, symmetric, and without distention. There are no visible lesions or scars.	
2	Assess presence of bowel sounds as well as their frequency and location. Auscultate vascular sounds.	Bowel sounds are present and active in all 4 quadrants. No bruits.	
3	Assess presence of tympany or dullness.	<ul style="list-style-type: none"> General tympany with scattered dullness heard in all quadrants Dullness heard in upper right quadrant over the liver 	
4	Assess for consistency, tenderness, masses, rigidity.	Abdomen soft to touch with no masses, swelling, pain, and rigidity	

Frequency of bowel sounds:

- Normoactive: 5–30 sounds per minute
- Hypoactive: < 5 sounds per minute
- Hyperactive: > 30 sounds per minute
- Absent: no bowel sounds after 3 minutes of listening



Tympany: sounds like a drum; heard over air-filled structures



Dullness: sounds like a quiet thud; heard over fluid or solid organs

NOTES

