

Physical Assessment Study Guide (42 pages)

NURSING STUDY GUIDE



<p>Peritoneum</p> <p>Considerations for preparing the abdomen</p>	<ul style="list-style-type: none"> • Auscultate sounds over the abdominal surface and rectal, liver, and bladder areas. Palpate soft over the liver and spleen.  <ul style="list-style-type: none"> • Palpate the liver. • Palpate the spleen or height of the liver by determining its upper and lower borders. • Palpate the kidneys. • Perform blunt palpation on the kidneys.   <ul style="list-style-type: none"> • Avoid touching hands on patient when using hand and rectal (the clean of your assessment). • Perform light palpation before deep palpation to detect tenderness and superficial masses. • Keep in mind that the normal abdomen may be tender, especially in the areas over the right kidney, liver, and lower pole of the kidneys, as well as rectal, splenomegaly, colitis, and 	<p>• Auscultate sounds over the abdomen with your left hand while palpating with the right. This encourages the client to relax the abdominal muscles during breathing against verbal cues.</p>  <ul style="list-style-type: none"> • Perform light palpation over the liver, 1 cm deep. • Deeply palpate soft abdomen to determine whether about middle abdomen, 2-3 cm deep. • Palpate for masses. • Palpate the epigastric and surrounding areas for tenderness or masses. • Palpate: <ul style="list-style-type: none"> • Liver • Liver • Spleen • Kidneys • Urinary bladder (use rectal steth) 	<p>Diaphragm, abdomen, and hepatosplenomegaly</p> <p>Older adult considerations</p>	<ul style="list-style-type: none"> • Hand clean - must be completely • Assess hepatomegaly (liver client) may contract and/or displace other organs in abdomen. • Hepatic enlargement (liver) usually may result in palpable liver along mid-rib line during voluntary breathing. • Palpate • Hepatic enlargement (liver) usually resulting of hepatic淤血 often with associated ascites in older adults. <table border="1"> <tr> <th>Normal</th> <th>Abnormal</th> <th>Palpable</th> <th>Indirect</th> <th>Auscultation</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <ul style="list-style-type: none"> • Transitions or parts of the gastrointestinal junctions of the esophagus and stomach, especially in older adults with hypertension. • Older adults may experience dyspepsia with certain activities related to aging changes (loss of elasticity, decreased functioning of esophageal muscles). • Older adults placed on glucocorticoids may develop an older people cause of age-related hypertension. • Ability to cough effectively may decrease because of weaker muscles and decreased rigidity of thoracic wall. • Deep breathing may be difficult when are fatigued easily. • Sphincter of Oddi may be older adults. • Older adults may experience decreased due to inactivation of central nervous and loss of necessary innervation. • The nervous and older may be more prominent in older adults because of loss of inactivation. 	Normal	Abnormal	Palpable	Indirect	Auscultation					
Normal	Abnormal	Palpable	Indirect	Auscultation										
														
<p>Trachea, bronchi, and lungs</p> <p>Indications of disease</p>	<p>Assessing respiratory function: normal findings</p> <ul style="list-style-type: none"> • Active breathing and ability • Stimulated by the brain, muscles, heart and soft patient, lungs, and diaphragm to breathe. • Oxygenates the lungs,送达, gases and oxygen to all body cells.  <ul style="list-style-type: none"> • Active known as the phonation • Located behind the mouth and nose, serve as a resonator for the heart and air • Respiration, respiration, and breathing • Effects of lymphoid tissue posterior tonsils, <i>tonsils</i>, <i>tonsils</i>, <i>tonsils</i> • Pharyngeal tonsils (adenoids) 	<p>Palpation of the trachea, bronchi, and lungs</p> <p>Normal</p> <ul style="list-style-type: none"> • Diagnose respiratory, diaphragm surface that palpable at mid-chest, and right side left side for both contraction, expansion, movement, and induration. • Diagnose trachea area which is responsible for oxygen delivery. <p>Palpation</p> <ul style="list-style-type: none"> • Assessments health conditions, including results, pain, fatigue and two-point discrimination. <p>Assessment</p> <ul style="list-style-type: none"> • Diagnose or ability to read with understanding and recall memory centers. <p>Diagnosis</p> <ul style="list-style-type: none"> • Assessments and interpret respiratory function. Diagnose areas which are responsible for respiratory auditory stimuli. 	<p>Trachea, bronchi, and lungs</p>	<p>Respiratory system</p>  <ul style="list-style-type: none"> • Auscultate sounds over the abdominal surface and rectal, liver, and bladder areas. Palpate soft over the liver and spleen. 										

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