



ACP Academy



Abdominal Examination – Step-by-Step OSCE Guide ACP Academy Format (Refreshed Edition)

GETTING STARTED

1. Begin with hand hygiene and put on any appropriate PPE.
2. Introduce yourself with your full name and professional role: “Hi, I’m Jamie, one of the advanced clinical practitioners here.”
3. Confirm the patient’s identity using their full name and date of birth.
4. Explain the purpose of the examination: “I’m going to examine your abdomen, which involves looking, gently feeling, and listening to the area. It shouldn’t be painful, but let me know if anything feels uncomfortable.”
5. Obtain verbal consent.
6. Position the patient reclining at roughly 45 degrees.
7. Expose the abdomen from just below the chest to the pubic region, while preserving dignity.
8. Ask about any abdominal discomfort before beginning.

INITIAL OBSERVATIONS

9. Take a moment to observe from the end of the bed. Note general appearance, distress, jaundice, or signs like cachexia.
10. Look around for any relevant equipment – IV lines, drains, catheters, or nutrition support devices.
11. Observe the abdominal contour for scars, distension, hernias, or visible peristalsis.

EXAMINATION OF THE HANDS

12. Inspect palms for redness (palmar erythema) or paleness.
13. Check nails for signs like spooning (koilonychia) or white spots (leukonychia).
14. Observe fingers for clubbing.
15. Test for hepatic flap by asking the patient to extend arms and dorsiflex the wrists.
16. Assess hand temperature and feel for tremor.
17. Palpate radial pulse and assess regularity.

18. Examine the palms for Dupuytren's contracture.

ARMS AND AXILLAE

19. Look for bruises, needle marks, or skin changes.

20. Inspect the axillae for pigmentation, hair loss, or lymphadenopathy.

FACE AND EYES

21. Look at the sclera for jaundice and conjunctiva for pallor.

22. Check for xanthelasma or corneal rings (Kayser-Fleischer).

23. Inspect lips, gums and tongue for ulcers, glossitis, or angular cheilitis.

NECK EXAM

24. Palpate supraclavicular nodes, particularly the left (Virchow's node).

CHEST SCREEN

25. Look at the chest for spider naevi, gynaecomastia or hair pattern changes.

ABDOMINAL PALPATION

26. Ask again about tenderness before touching the abdomen.

27. Lightly palpate all quadrants, observing the patient's face.

28. Proceed to deep palpation to identify organomegaly or masses.

29. Feel for the liver edge during inspiration.

30. Check for gallbladder tenderness (Murphy's sign).

31. Palpate for spleen – start from the right iliac fossa and move diagonally.

32. Ballot both kidneys.

33. Assess the aorta for expansion or pulsatility.

34. Check the bladder area for distension.

PERCUSSION

35. Percuss the liver span to determine size.

36. Percuss for a dull spleen or bladder.

37. If ascites is suspected, check for shifting dullness.

AUSCULTATION

- 38. Listen for bowel sounds – ideally for up to 30 seconds.
- 39. Listen for bruits over the aorta and renal arteries.

LOWER LIMBS

- 40. Inspect for pitting oedema at the ankles.

CLOSING THE EXAM

- 41. Tell the patient the exam is complete and thank them.
- 42. Wash your hands and remove any PPE.
- 43. Share your findings clearly and confidently.
- 44. Suggest next steps as appropriate – e.g. hernia check, PR exam, further imaging.

And remember - good abdominal examination is about methodical observation, a gentle touch, and listening to what the body (and the patient) tells you.