Complete G.I PEx checklist by Ahmad AlHurani (1.0)

WIPPER and the intro

Introduce yourself and shake hands					
Washing of hands and appropriate hand hygiene					
Asking for permission					
Ensuring the room's privacy					
Ensuring the environmental warmth and good lighting conditions					
Asking for appropriate exposure (from the xiphisternum to the symphysis pubis) (nipples to mid thigh originally)					
\Box Asking the patient to be in the appropriate position (flat with 1/2 pillows ~ 10-15degrees)					
Relocating to the right side of the patient					
Asking for a chaperon					
"I have all of my equipment's"					
General look of the patient					
Consciousness, alertness and orientation of the patient to time, place and					

person (After asking the 3 questions)

Г	1	Comment	on the	patient's	position	and	comfort~
		Comment		patients	position	unu	connort

Comment on the patient's **external devices** status ~ drains, catheters,...

- Patient is not in distress, tachycardia, cachectic or obese
- □ No skin redundancy***

Vitals

- \Box Make sure you know the 6 vital signs
- Take height and weight to calculate BMI and assess nutritional status of the pt

Hands

Starting with the nails:

- Do a quick glance for clubbing, No finger clubbing
- No koilonychia (IDA), leukonychia (Hypoalbuminemia)

Moving to the still-hand-examination

No dupuytren's contracture (Alcohol related chronic liver diseases)

□ No muscle	wasting
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- No tar stain
- No palmar erythema
- □ No pallor
- No I.V drug abusing marks

Moving to the palpation part of hand examination + tests

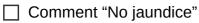
Do the usuals for palpation, then palpate hand's temperature and dryness/sweatiness (Bilaterally)

Test for flapping tremor (Asterixis) (Don't apply resistance!!)

Face

Eyes;

Ask the patient to look down and retract upper eyelid to expose sclera



Do the opposite of first tick, examine conjunctiva for pallor

Cheeks and lips;

No visible sialadenitis or sialadenosis (Parotid swellings; chronic alcohol abuse, bulimia nervosa)



No spider nevi (Better mentioned on chest!!)



Mouth;

No angular cheilitis (Iron deficiency)

- No atrophic glossitis (Iron deficiency)
- ☐ No beefy tongue (deficiency of B12/folate)
- No halitosis (Fetor hepaticus (Chronic liver diseases), alcohol, uremia, ketones..)
- Comment on good oral hygiene

Neck

- Ieft supraclavicular node enlargement (Troisier's sign) (Gastric, pancreatic CA)
- \Box Widespread lymphadenopathy, hepatosplenomegaly \rightarrow Lymphoma

Chest

Normal hair distribution

- Comment on: Scratch marks,
- No spider nevi
- No gynecomastia (Male) / breast atrophy (Female)

Abdominal Exam

If this was your osce station, proceed with WIPPER and then directly;

Inspection; Foot of the bed

Comment on 3 things;

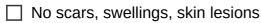
1- Contour (Flat, Protuberant, Scaphoid) ~ abdomin might be filled with the 5F's +Symmetry

2- Umbilicus (Normally it's centrally located, inverted) ~ (Can be shifted/everted)

3- Ask the patient to breath, comment on "Normal abdominal breathing (abdomin moves with respiration)

Inspection; Right side of the pt

5 S's, 2 P's, 1 D, 1 B, and hair



No stomas, striae

□ No visible peristalsis

 \square No visible pulsations

□ No visible dilated veins (~Caput medusa)

No bruising

□ Normal hair distribution

Maneuvers;

Ask the patient to cough facing his left side while looking at his hernial orifices

Comment on "no cough impulse" / "no bulging masses

Ask the patient to raise his head (No resistance!!)

Comment on "no divercation of recti

Palpation

First, as always, **usuals of palpation** (hand hygiene, warmth, permission, ask about pain, hold eye to eye contact)

Second!! SIT ON THE CHAIR Light

Comment that you're doing light palpation to gain pt's confidence.

Gently! palpate the 9 regions

Comment "Soft and lax abdomin, no guarding, no superficial masses, no superficial tenderness"

Deep



Deeply palpate 9 regions of abdomin

Comment "No deep masses, No deep tenderness"

We stopped doing murphy's sign and rebound tenderness as they're pointless and might trigger pain

Dr nadia tips after finishing palpation;

-Start by examining organs, with each organ, palpate then percuss directly, and we do every one of them while asking pt to breath (Lead his respiration, ask to inhale and exhale)

-Orient your hands by keeping the fingers parallel to the rib cage

-Normal liver span is 6-12cm

-Spleen \rightarrow Percuss it only on 9,10,11th ribs, it's dull and non-ballottable normally. During spleen's maneuver, after rolling the patient with your left hand, start from the umbilicus to save time.

Back to the steps! LIVER; palpation

 \Box Place your hand on RIF, parallel to rib cage, ask the patient to mouth-breath, ask to inspirate \rightarrow push deep, ask to exhale \rightarrow release, moving 1cm at a time until you get to either the liver edge or rib cage.

You have 2 choices,

if you found the edge, ask the patient to hold his hand on the point and comment; smooth, sharp, non tender liver edge

if you didn't, you'll have to percuss in upward direction afterwards.

LIVER; percussion

Ask the patient to hold his breath after full expiration.

Starting from 2nd intercostal space, percuss downwards until the tone changes from resonant to dull indicating highest point of liver span

measure from this point to the other point the patient is holding (6-12cm is normal liver span) and comment on it's span and no hepatomegaly

(Percuss upward if u didn't feel liver edge, look for the point of tone change from tympanic to dull (Inspiration-held), measure..

Spleen; palpation

Again, start from RIF and go diagonally 1 cm at a time, do same steps of liver including breathing, but here you'll 100% not feel the spleen as its normally impalpable

Ask the patient to roll towards you and hold him with your left hand

Restart palpating from the umbilicus region

Spleen; percussion

Only percuss on 9,10,11th ribs mid axillary and comment on normal dullness, no palpable spleen.

Kidney: palpation (3 tests)

Bimanual test: left hand is always below, palpate by right hand over the flanks, again just like other organs, ask the patient to breath.

Ballottement test: just after bimanual test, pump using the left hand that's below the flank, and feel the kidney with the right hand



Comment on palpable, ballottable kidney, not tender, not enlarged

Ask the patient to sit, fist his constovertebral angle twice, while holding eye-eye contact to assess renal angle tenderness

Comment on no renal angle tenderness

Kidney; percussion

- Percuss bilaterally pt's flanks
- Comment on resonant kidney percussion

Percuss the urinary bladder ~ Dull for full bladder, tympanic for empty one.

Ascites assessment

3 tests, 2 done, 1 mentioned

1- Shifting dullness;

Start below xiphisternum, percussing with fingers horizontal, and find a very loud tympanic percussion note to help you.

from that point, rotate finger to be vertical and start going laterally (towards you, for easier operation) until you find a dull spot

Ask the patient to roll while holding your hand (To his left side) (mention that you will wait 15 seconds but don't actually wait)

percuss again, it should still be dull normally

comment on no shifting dullness

2- Transmitted thrill

Ask the patient to put edge of his hand on the midline, place one of your hands flat on a side, and with the other one, flick a finger against its side, if you feel nothing on the flat hand;

mention no transmitted thrill (Normal no ascites)

3- Mention succussional splash test; don't actually do it!!

Auscultation

3 things to auscultate for; (All using diaphragm)

1- Bowel sounds;

Put the diaphragm on paraumbilical areas

Comment on present bowel sounds (Normally, if you didn't hear any, wait upto 2 minutes)

2- Bruits

 \Box Above umbilicus \rightarrow Aortic bruit

Comment on no aortic bruit

- \Box 2cm above, 2cm lateral to umbilicus \rightarrow Renal artery bruit
- Comment on no renal artery bruit
- \Box 2cm below, 2cm lateral to umbilucus \rightarrow Iliac artery bruit
- Comment on no ilical artery bruit

3- Friction rub over organs;

- \square RUQ for liver \rightarrow No friction rub
- \Box Spleen area \rightarrow No friction rub
- \Box Kidney area \rightarrow No friction rub

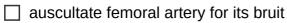
Ending the station;

□ I will examine the external genitalia (we do that to assess genitalia atrophy in case of chronic liver diseases)

	will	examine	PR
	 VVIII	Cramine	1 1 1



pyoderma gangrenosum



sacral edema!!

GOOD LUCK!!