

7. Obstetrical history: Menstrual history, history of pregnancy, labour, puerperium & their complications, if any, history of children, alive or dead etc.

27/04/21 . PHYSICAL ASSESSMENT / EXAMINATION

It is the systematic collection of objective information that is directly observed or is elicited through examination techniques. It is the thorough inspection or detailed study of the entire body or some parts of the body to determine the general physical or mental conditions of the body.

PURPOSE

1. To understand the physical & mental well-being of the clients.
2. To detect diseases in its early stage.

3. To determine the cause and the extent of disease.
4. To determine the nature of the treatment or any care needed for the client.
5. To safeguard the client & his family by noting the early signs especially in case of communicable disease.

Techniques of physical examination:
The four basic techniques used in physical exam. are explained as follows.

1. Inspection:

It is the systematic visual examination of the client or it is the process of performing deliberate purposeful observations in a systematic manner.

- It involves observation of color, shape, size, symmetry, position & movements.
- It also use the sense of smell to detect odor, & sense of hearing to detect sounds.

- Inspection begins at the initial contact with the client. It continues through entire assessment.

- General inspection of the client focuses on the following areas.

- overall appearance of health or illness.
- signs of distress
- facial expression & mood.
- body size
- grooming & personal hygiene.

Palpation

It is use of the hands & fingers to gather information through touch. It is the assessment technique which uses sense of touch. It is feeling the body or a part of hands to note the size & position of the organs.

- The hands & fingers are sensitive tools & can assess temperature, turgor, texture, moisture, vibrations, size, position, mass & fluid.
- The dorsum (back) → to measure temperature
- The palmar (front) surfaces of the fingers & finger pads are used to assess texture, shape, fluid, size & pulsation.
- vibration is palpated best to the palm of the hand.

30/01/21. Percussion

It is the examination by tapping the fingers on the body to determine the condition of the internal organs by the sounds that are produced.

- Percussion is the act of striking one object against another to produce sound.
- The sound waves produced by the striking action over body tissues are known as percussion tones or perc. notes.
- Percussion provides information about the nature of an underlying structure.
- It is used to outline the size of an organ such as bladder or liver.

- Percussion is also used to determine if a structure is air-filled, fluid-filled or solid.
- there are two types of percussion, direct & indirect.
- Direct percussion is accomplished by tapping an area directly w/ finger tip of the middle finger or thumb
- Indirect percussion involves two hands.

Auscultation

It is the process of listening to sounds that are generated in the body. Auscultation is usually done w/ the help of a stethoscope. The heart & blood vessels are auscultated for circulation of blood, the lungs are auscultated for moving air (breath sounds); the abdomen is auscultated for movement of gastrointestinal contents (bowel sounds).

The characteristics of sound are assessed by auscultation.

1. Pitch (ranging from high to low)
2. Loudness (ranging from soft to loud)
3. Quality (gurgling or swishing)
4. Duration (short, medium or long)

Nutritional assessment

Nutrition is important to maintain health & to prevent disease & premature death. When illness or injury occurs, optimal nutrition is essential for recovery or

healing & for resisting infection & other complications. An in-depth nutritional assessment is often integrated into the health history & physical exam. Assessment of a patient's nutritional status provides information about obesity, undernutrition, & malnutrition.

3/07/21 components of nutritional assessment:

BMI (body mass index): is a ratio based on body weight & height. The obtained value is compared to established standards.

→ BMI is highly correlated to body fat.

Normal BMI

BMI → 25 - 29.9 → considered overweight

BMI → ≥ 30 → obesity

BMI → < 18.5 → considered underweight.

$$BMI = \frac{\text{weight (kg)}}{\text{height (m)}^2}$$

waist circumference: is a useful assessment tool. To measure waist circumference, a tape measure is placed in a horizontal plane around the abdomen at the level of the iliac crest.

→ waist circ. 740 inches for men or 35 inches for women indicates excess abdominal fat. Those with a high waist circ. are at risk for diabetes, hypertension.