



OSCE Checklist: Abdominal Examination

Introduction		
1	Wash your hands and don PPE if appropriate	
2	Introduce yourself to the patient including your name and role	
3	Confirm the patient's name and date of birth	
4	Briefly explain what the examination will involve using patient-friendly language	
5	Gain consent to proceed with the examination	
6	Adjust the head of the bed to a 45° angle	
7	Adequately expose the patient	
8	Ask if the patient has any pain before proceeding	
General inspection		
9	Inspect for clinical signs suggestive of underlying pathology (e.g. confusion, pain, noticeable scars, abdominal distension, pallor, jaundice, hyperpigmentation, oedema, cachexia, hernias)	
10	Look for objects or equipment on or around the patient (e.g. stoma bag(s), surgical drains, feeding tubes, medications, catheters)	
Hands		
11	Inspect the palms for pallor, palmar erythema and Dupuytren's contracture	
12	Inspect for nail signs including koilonychia and leukonychia	
13	Assess for finger clubbing	
14	Assess for asterixis	
15	Assess and compare the temperature of the hands	
16	Palpate and assess the radial pulse	
17	Palpate for Dupuytren's contracture	
Arms and axillae		
18	Inspect the patient's arms for bruising, excoriations and needle track marks	
19	Inspect the axillae for acanthosis nigricans and hair loss	
Face		
20	Inspect the eyes for signs suggestive of gastrointestinal pathology (e.g. conjunctival pallor, jaundice, corneal arcus, xanthelasma, Kayser-Fleischer rings, perilimbal injection)	
21	Inspect the mouth for signs suggestive of gastrointestinal pathology (e.g. angular stomatitis, glossitis, oral candidiasis and aphthous ulceration)	
Neck		
22	Palpate for lymphadenopathy in the supraclavicular fossae (paying particular attention to the left supraclavicular fossa for Virchow's node)	
Inspect the chest		

23	Inspect the chest for signs suggestive of gastrointestinal pathology (e.g. spider naevi, gynaecomastia and hair loss)	
Abdominal inspection		
24	Position the patient lying flat on the bed (arms by their side & legs uncrossed)	
25	Inspect the patient's abdomen for signs suggestive of gastrointestinal pathology (e.g. scars, Cullen's sign, Grey-Turner's sign, striae, abdominal distension, hernias, stomas)	
Abdominal palpation		
26	Check if the patient has any abdominal pain before palpating (if so, these areas should be examined last)	
27	Perform light palpation of the abdomen across all nine regions	
28	Perform deep palpation of the abdomen across all nine regions	
29	Palpate the liver	
30	Palpate the gallbladder	
31	Palpate the spleen	
32	Ballot the kidneys	
33	Palpate the aorta	
34	Palpate the bladder	
Abdominal percussion		
35	Perform hepatic percussion to identify the liver's borders	
36	Perform splenic percussion	
37	Perform bladder percussion	
38	Assess shifting dullness	
Abdominal auscultation		
39	Auscultate the abdomen to assess bowel sounds	
40	Auscultate over the aorta for bruits	
41	Auscultate over the renal arteries for bruits	
Legs		
42	Assess for pedal oedema	
To complete the examination...		
43	Explain that the examination is now finished to the patient	
44	Thank the patient for their time	
45	Dispose of PPE appropriately and wash your hands	
46	Summarise your findings	
47	Suggest further assessments and investigations (e.g. assessment of hernial orifices, digital rectal examination, examination of external genitalia, abdominal imaging).	