

# PHYSICAL ASSESSMENT

## Height and Weight

## Blood Pressure and Pulse Rate

<b>Breasts</b>	position	arms at sides, arms raised above head, hands on hips with pectoralis m. tightened, leaning forward
	inspection	symmetry, nipple alignment, nipple discharge, abnormal venous pattern, coloration, skin appearance, dimpling, puckering, enlarged pores
	position	supine with head and upper body in a comfortable position one arm raised above head, a small pillow behind shoulder
	palpation	systematic – each of four quadrants and tail of Spence – consistency, tenderness, nodules, nipple and areola – discharge, nodules, swelling ulceration

<b>Axilla</b>	position	lying down or sitting, must be able to feel high up in axilla
	inspection	rash, infection, unusual pigmentation
	palpation	lymph nodes – central, pectoral, lateral, subscapular, infraclavicular

## Pelvic

<b>External genitalia</b>	inspect and palpate – mons, labia majora, labia minora, prepuce, clitoris, urethra, perineum, anal area note- hair pattern, sexual maturity, erythema, irritation, discharge, lesions, edema, infestations, tenderness palpate- Bartholin's and Skene's glands
<b>Vaginal tone</b>	two fingers into vagina – tighten pelvic muscles, locate cervix, ask woman to cough and bear down and check for cystocele and rectocele
<b>Speculum exam</b>	warm, lubricate with water, insert while woman bearing down or with deep breathing. Cervix inspection – color, erythema, irregularities, lesions, ectropion, friability characteristics of secretions, configuration of os Obtain PAP, Chlamydia, C&S Vaginal Inspection – color, rugae, any abnormal tissue structures, discharge – amount, color, odor, consistency Obtain – PH, Wet Mount, KOH

## PHYSICAL ASSESSMENT (continued)

Bimanual exam	<p>apply water-soluble lubricant, non-dominant hand on lower abdomen</p> <p>Vagina – palpate posterior and lateral aspects for nodules and irregularities</p> <p>Cervix – position, irregularities, consistency, dilation, length, mobility, excitation</p> <p>Uterus – position, size, shape, consistency, regularity, (anteflexed, anteverted, midline, retroflexed, retroverted)</p> <p>Adnexae – right and left vaginal fornix – note enlargements, irregularities thickening of tubes, pain</p>
Rectovaginal exam	<p>change gloves, lubricate fingers, visualize rectal sphincter, ask woman to bear down – insert index finger – locate cervix, outline uterus – posteriorly, adnexal area, sacral ligaments, recto-vaginal septum</p> <p>Rectum – walls, tone, note- masses, fistulas, fissures, lesion</p>
Laboratory Tests	<p>PAP – should not be menstruating or have douched, had intercourse or used any vaginal products for 2-3 days prior to sampling</p> <p>Fix immediately</p>
Vaginal Microscopy	<p>pH tests (Nitrazine) - &lt;4.5 is normal, &gt;4.5 trichomoniasis and bacterial vaginosis</p> <p>Swab test – mucopurulent discharge from endocervix – yellow or green with a friable cervix – chlamydia or GC</p> <p>“Whiff” Test – vaginal D/C mixed with KOH produces a “fishy” odor – trichomonal vaginitis or bacterial vaginosis</p> <p>Wet Mount &amp; KOH Prep (see box)</p> <p>Cultures – GC, gardnerella, trichomonas, candida, Chlamydia</p> <p>Herpes – culture for viral shedding</p> <p>Serology – VDRL, Hep B screen, HIV</p> <p>Pregnancy test - HCG</p>