

## **DST-FC-501 GI-GU Assessment: Adult**

### **GASTROINTESTINAL (GI) - GENITOURINARY (GU) ASSESSMENT**

As a complete genitourinary exam includes a gastrointestinal exam, these two examinations have been combined.

Nurses with RN First Call Certified Practice designation (RN(C)s) are able to manage the following genitourinary conditions:

- Lower Urinary Tract Infection (UTI) (adult only)

#### **History of Present Illness and Review of Systems**

##### **General Characteristics**

The following characteristics of each symptom should be elicited and explored:

- Onset (sudden or gradual)
- Chronology
- Current situation (improving or deteriorating)
- Location
- Radiation
- Quality
- Timing (frequency, duration)
- Severity
- Precipitating and aggravating factors
- Relieving factors
- Associated symptoms
- Effects on daily activities
- Previous diagnosis of similar episodes
- Previous treatments
- Efficacy of previous treatments

##### **Cardinal Signs and Symptoms**

In addition to the general characteristics outlined above, additional characteristics of specific symptoms should be elicited, as follows:

##### ***Abdominal Pain***

- Quality: sharp, burning, cramping
- Quantity: constant, intermittent
- Radiation: localized, generalized
- Timing: related to eating or movement
- Severity
- Consider GU indicators: flank, suprapubic, genital, groin or lower back pain and tenderness

##### ***Nausea and Vomiting***

- Frequency, amount
- Presence of bile
- Hematemesis (red or coffee ground emesis)
- Force
- Colour
- Relationship to food intake

### ***Dysphagia***

- Solids or liquids
- Site where food gets stuck
- Whether food is regurgitated

### ***Bowel Habits***

- Last bowel movement
- Frequency, colour and consistency of stool
- Presence of blood or melena
- Pain before, during or after defecation
- Sense of incomplete emptying after bowel movement
- Use of laxatives: type and frequency
- Tenesmus
- Hemorrhoids
- Belching, bloating and flatulence
- Change in bowel habits

### ***Urinary Symptoms***

- Frequency, urgency, quantity
- Dysuria and its timing during voiding (at the beginning or end, throughout)
- Difficulty in starting or stopping urinary stream
- Change in colour and odour of urine
- Hematuria
- Incontinence (including urge and stress)
- Presence of stones or sediment in the urine
- Nocturia (new onset or increase in usual pattern)
- Urinary retention
- For men: post-void dribbling and/or feels bladder is incompletely empty

### ***Jaundice***

- Scleral icterus
- Tea-coloured urine
- Clay-coloured bowel movements
- Pruritus (itching)
- History of hepatitis A, hepatitis B or hepatitis C

### **GU Symptoms – Female**

Where appropriate for females to rule-out ectopic pregnancy, Pelvic Inflammatory Disease (PID) or pregnancy as the cause of symptoms:

- Date of last menstrual period (LMP)
- Changes in menstrual period: frequency, amount
- Dyspareunia or post-coital bleeding
- Lesions on external genitalia
- Itching
- Urethral or vaginal discharge

- Sense of pelvic relaxation (pelvic organs feel as though they are falling down or out)

### **GU Symptoms – Male**

- Testicular pain or swelling
- Discharge from penis, itching
- Lesions on external genitalia

### **Other Associated Symptoms**

- Change in appetite
- Fever
- Malaise
- Headache
- Dehydration
- Recent weight loss or gain that is not deliberate
- Enlarged, painful nodes (axilla, groin)
- Skin: dry, rash, itchy

### **Medical History Specific to GI - GU Systems**

- Allergies (seasonal as well as allergic reactions)
- Past and current use of medications
  - Prescription and over-the-counter (OTC) medications
    - Especially: ASA, antacids, triple therapy for peptic ulcer disease, acetaminophen, antibiotics (particularly clindamycin use within the past 2 months), laxatives, estrogen, progesterone (including birth control), anticholinergics, antihypertensives, antipsychotics, thiazide diuretics, immunosuppressants, digoxin, codeine
    - Herbal preparations and traditional therapies
- Immunizations

### ***Diseases – GI***

- Hiatus hernia, esophageal cancer
- Documented *H. pylori*, Gastroesophageal Reflux Disease (GERD) or Peptic Ulcer Disease (PUD)
- Presence of hernia, masses
- Chronic constipation
- Irritable Bowel Syndrome (IBS), Inflammatory Bowel Disease (IBD)
- Diverticulosis
- Liver disease (hepatitis A, hepatitis B, hepatitis C or cirrhosis)
- Gallbladder disease
- Pancreatitis
- Diabetes mellitus

### ***Diseases – GU***

- Sexually Transmitted Infections (STI's), including Human Immunodeficiency Virus (HIV), Human Papilloma Virus (HIV)
- Pelvic Inflammatory Disease (PID)
- Renal disease (pyelonephritis, recurrent cystitis, renal stones)
- Congenital structural abnormalities of GU tract
- Abdominal surgery or exams, including GU such as catheterization, vasectomy, gynaecological procedures

### **Male**

- Hydrocele

- Epididymitis
- Prostatism
- Varicocele
- Hernia
- Undescended testis
- Spermatocele
- Erectile dysfunction
- Testicular torsion
- Vasectomy

#### Female

- Menstrual History: menarche, LMP, interval, regularity, duration and amount of flow, premenstrual syndrome (PMS) symptoms, dysmenorrhea, menopause, postmenopausal bleeding
- Obstetrical History - gravida, term, preterm, abortion, living children (GTPAL), complicated pregnancies and deliveries, infertility

#### **Other**

- Blood transfusion
- Immunocompromised

#### **Family History Specific to GI - GU Systems**

- Household contact with hepatitis A or hepatitis B
- Household contact with gastroenteritis, recent GI infections
- Food poisoning
- GERD, PUD
- Gallbladder disease
- Gastric or colon cancer
- Polyps
- Pancreatitis
- Metabolic disease (diabetes mellitus, porphyria)
- Cardiac disease
- Renal disease (renal cancer, polycystic kidneys, renal stones)
- Urinary tract infections

#### **Personal and Social History Specific to the GI - GU Systems**

- Substance use (alcohol, smoking tobacco, chewing tobacco, street drugs [including injection drugs] anabolic steroids)
- Dietary recall including foods avoided (and reasons for), fat intake, nitrate intake (smoked foods)
- Obesity, anorexia, bulimia or other eating disorder
- Travel to area(s) where infectious GI conditions are endemic
- Body piercing or tattoos
- Stress at work, home or school
- Quality of drinking water (exposure to pollutants)
- Sanitation problems at home or in the community
- Personal hygiene, toileting habits, use of bubble bath, douches, tight-fitting underwear or other clothing
- Sexual history and practices, including risk behaviours (unprotected oral, anal or vaginal intercourse, multiple partners) and contraceptives

- Symptomatic sexual partner
- Sexual or physical assault
- Fear, embarrassment, anxiety
- Missing work, school or social functions because of GU symptoms (incontinence)

### Occupational or School Environment

- Healthcare occupation
- Institutional environment
- Environmental exposure
- Chemical exposure

### Physical Assessment

#### Vitals

- Temperature
- Pulse
- Respiration
- SpO<sub>2</sub>
- Blood pressure
- Pain

#### General

- Apparent state of health
- Appearance of comfort or distress
- Colour
- Nutritional status
- State of hydration
- Match between appearance and stated age
- Ability to mobilize, gait

#### Abdominal Inspection

- Abdominal contour, symmetry, scars, dilatation of veins
- Movement of abdominal wall with respiration
- Visible masses, hernias, pulsations, peristalsis
- Guarding and positioning for comfort

#### Auscultation

- Auscultation should be performed **before** percussion and palpation so as not to alter bowel sounds
- Presence, character and frequency of bowel sounds

#### Percussion

- Percuss: resonance, tympany, dull, flat
- Liver: define upper and lower borders, measure span
- Spleen: confirm presence of normal resonance over lowest rib interspace in anterior axillary line
- Bladder: identify distension and fullness
- Costovertebral angle (CVA) percussion for tenderness

## Palpation

- Palpation is performed with the client lying supine, with hands by the sides and relaxed
- The client's abdomen must be completely exposed
- Examine all four quadrants in succession
- Start with the painless areas, and palpate the painful area last

### *Light Palpation (perform first)*

- Tenderness, muscle guarding, rigidity
- Superficial organs or masses

### *Deep Palpation*

**Note:** Deep palpation can be conducted by nurses who hold a Remote Nursing Certified Practice designation, demonstrating current certification in this practice.

- Assess for abdominal guarding, tenderness or rigid abdomen
- Feel for organs:
  - Liver – assess size, tenderness, smooth or irregular border, firmness or hardness
  - Spleen – assess for enlargement, tenderness, consistency
  - Kidney – assess for tenderness, enlargement
  - Bladder – assess for distension, tenderness
- Masses: location, size, shape, mobility, tenderness, movement with respiration, pulsation, hernias (midline, incisional groin)
- Assess for rebound tenderness (pain that occurs upon suddenly releasing the hand after deep palpation), which indicates peritoneal irritation
- Assess for referred tenderness (pain that is felt in an area distant to the area being palpated), which can be a clue to the location of the underlying disease
- Inguinal and femoral lymph nodes: enlargement, tenderness
- Femoral pulses

### *Abdominal Examination, Peripheral areas*

- Spider nevi on face, neck or upper trunk, palmar erythema, Dupuytren's contracture, clubbing of fingers

## GU System – Male

### Inspection

- Penis, scrotum and pubic area: inflammation, discharge, lesions, swelling, asymmetrical changes in hair distribution, nits, warts, position of urethral opening
- Rectum: lesions, discharge, swelling, haemorrhoids
- Inguinal and femoral areas for hernia

### Palpation

- Penis: tenderness, induration, nodules, lesions
- Testes and scrotal contents: size, position, atrophy of testes, tenderness, swelling, warmth, masses, hydrocele
- Superficial inguinal ring for hernia
- Cremasteric reflex

## GU System – Female

### Inspection

- External genitalia: labia majora and labia minora: lesions, ulcerations, masses, induration, and areas of different colour, hair distribution

- Perineum: lesions, ulcerations, masses, induration, scars
- Clitoris: size, lesions, ulcerations
- Urethra: discharge, lesions, ulcerations
- Vagina: speculum exam – inflammation, atrophy, discharge, lesions, ulcerations, masses, induration, nodularity, relaxation of perineum
- Cervix: speculum exam – position, color, shape, size, consistency of discharge, erosions, ulcerations
- Os: multipara or nullipara

### Palpation

- Skene’s and Bartholin’s glands: masses, discharge, tenderness
- Cervix: cervical tenderness, bleeding after contact, consistency of cervical tissue
- Uterus: position, size, contour, consistency of uterine tissue, mobility on movement
- Adnexa: ovaries for tenderness, masses, consistency, contour, mobility, pain on movement (Chandelier sign)

### Rectal Examination

- For occult blood
- For referred pain
- For masses, haemorrhoids, anal fissures, sphincter tone and others
- Prostate exam in males

### Associated Systems

#### *Cardiovascular and Pulmonary Examination*

- Cardiovascular and pulmonary exam should also be performed

#### *Eyes, Ears, Nose, Throat*

- Assess for pharyngitis and conjunctivitis (chlamydial infection, gonorrhea)
- Lymph nodes (auricular, tonsillar, submandibular, supraclavicular, infraclavicular)

#### *Integumentary*

- Assess for skin lesions, rashes, polyarthralgias of disseminated gonorrhea, and hydration status

### **SYMPTOMS REQUIRING URGENT REFERRAL**

The first step is to identify those clients which require urgent referral.

The following GI signs and symptoms require immediate referral to a physician or nurse practitioner:

- Severe dehydration (elderly)
- Uncontrolled vomiting
- Recurrent fevers
- Hematemesis
- Frank rectal bleeding or perianal fissures or ulcers
- Melena
- Hematochezia
- Immunocompromised clients (HIV, diabetes, client taking steroids)
- Jaundice
- Ascites
- Distended abdomen

- Rigid painful abdomen (also consider PID, ectopic pregnancy)
- Abdominal bruit or pulsating masses
- Organomegaly
- Tachycardia and lung crackles
- Localized abdominal pain
- Altered peripheral pulse
- Unequal BP left to right in upper extremities
- Joint edema, erythema, warmth

The following GU signs and symptoms require immediate referral to a physician or nurse practitioner:

- Bleeding from the urethra, male or female
- Urinary retention
- Urethral discharge
- Severe GU pain (consider PID or ectopic pregnancy)
- Scrotal swelling
- Erectile dysfunction (priapism)
- Systemic symptoms (sepsis)
- Incontinence (new onset)
- Recent urologic/renal surgery
- Treatment failure after 3 days

### Diagnostic Tests

**Note:** The RN(C) may consider the following diagnostic tests in the examination of the GI - GU systems to support clinical decision-making:

- Stool for occult blood or fecal immunochemical test (FIT), Ova and Parasites (O&P), Culture and Sensitivity (C&S)
- Hemoglobin
- Pregnancy test (urine)
- Pap smear
- Urinalysis – dipstick, R&M, C&S
- C&S – urethral discharge, prostatic secretions, vaginal discharge
- Testing as per the [STI Assessment DST](#)
- Random Blood Glucose
- Electrocardiogram (ECG)

### DOCUMENTATION

- As per agency policy



## REFERENCES

More recent editions of any of the items in the Reference List may have been published since this DST was published. If you have a newer version, please use it.

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