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## **ADULT FEMALE GASTROINTESTINAL (GI) –GENITOURINARY (GU) ASSESSMENT**

The following assessment must be completed and documented.

### **ASSESSMENT**

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

##### **General**

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

- Onset (sudden or gradual)
- Location
- Duration, chronology
- Characteristics/quality of symptom
- Associated symptoms
- Precipitating and aggravating factors
- Relieving factors
- Timing, frequency, and duration
- Current situation (same, improving or deteriorating)
- Previous diagnosis of similar episodes
- Previous treatments and efficacy
- Effects on daily activities

##### **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 low back pain and costovertebral angle (CVA) tenderness

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The DSTs are not intended to replace the RN(C)'s professional responsibility to exercise independent clinical judgment and use evidence to support competent, ethical care. The RN(C) must consult with or refer to a physician or nurse practitioner as appropriate, or whenever a course of action deviates from the DST.

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**Nausea and Vomiting**

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

**Dysphagia**

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

**Bowel Habits**

- Last bowel movement
- Change in bowel habits
- Frequency, color 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

**Urinary symptoms**

- Frequency, urgency, quantity
- Dysuria and its timing during voiding (at 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

**Jaundice**

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

**GU - Female**

Where appropriate for females to rule out ectopic, pelvic inflammatory disease (PID) or pregnancy as the cause of symptoms:

- Date of last menstrual period (LMP) – any changes
- Abdominal tenderness, adnexal tenderness, pelvic tenderness, cervical motion tenderness (Chandelier sign)
- 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)

**Other Associated Symptoms**

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

**History Specific to GI and GU Systems**

- Allergies (seasonal as well as reactions)
- Past and current use of medications: prescription and over the counter (OTC) e.g., acetylsalicylic acid (ASA), antacids, triple therapy for peptic ulcer disease, acetaminophen, antibiotics (particularly clindamycin use within the past 2 months), laxatives, estrogen, progesterone (including contraceptive management), anticholinergics, antihypertensives, anti-psychotics, thiazide diuretics, immuno-suppressants, digoxin, codeine
- Herbal preparations, vitamins, minerals, supplements, and traditional therapies
- Immunizations
- Diseases – GI:
  - Hiatus hernia, oesophageal cancer
  - Documented *H. pylori* or gastro esophageal reflux disease (GERD)
  - Presence of hernia, masses
  - Chronic constipation
  - Irritable bowel syndrome (IBS), inflammatory bowel disease (IBD)
  - Peptic ulcer disease (PUD)
  - Diverticulosis
  - Liver disease (hepatitis A, hepatitis B, hepatitis C or cirrhosis), gall bladder disease
  - Pancreatitis
  - Diabetes mellitus
  - Abdominal surgery such as bariatric surgery, removal of gall bladder

- Diseases – GU:
  - Human papilloma virus (HPV), sexually transmitted infections (STIs), including human immunodeficiency virus (HIV), PID
  - Renal disease, pyelonephritis, recurrent cystitis, renal stones
  - Congenital structural abnormalities of GU tract
  - Abdominal surgery or exams, including GU such as catheterization, gynaecological procedures
- Females:
  - Menstrual history – menarche, LMP, interval, regularity, duration and amount of flow, premenstrual symptoms (PMS), dysmenorrhea, menopause, postmenopausal bleeding, history of fibroids
  - Obstetrical history – gravida, term, para, abortion, live, stillbirths (GTPALS), complications during pregnancies, deliveries, infertility
- Other:
  - Blood transfusion
  - Immunocompromised

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

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

### **Personal and social history (specific to GI - GU systems)**

- Substance use – alcohol, smoking, caffeine, street drugs, including injection drugs, steroids, dietary recall including foods avoided (and reasons for), fat intake, nitrate intake (e.g., smoked foods)
- Obesity, anorexia, bulimia or other eating disorder
- Travel to area 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, sexual orientation) and contraceptives
- Symptomatic sexual partner
- Sexual or physical assault or spousal abuse
- Fear, embarrassment, anxiety
- Missing work, school or social functions because of GU symptoms (e.g., incontinence)

### **Occupational or School Environment**

- Healthcare occupation
- Institutional environment - workers or residents
- Environmental exposure
- Chemical exposure

## **PHYSICAL ASSESSMENT**

### **Vital Signs**

- Temperature
- Pulse
- Respiratory rate
- SpO<sub>2</sub>
- Blood Pressure

### **General**

- Apparent state of health
- Appearance of comfort or distress
- Color, nutritional status
- State of hydration
- Match between appearance and stated age

### **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
- Ability to mobilize and gait

### **Auscultation**

- Auscultation should be performed *before* percussion and palpation so as not to alter bowel sounds
- Presence, character and frequency of bowel sounds
- Presence of bruits (renal, iliac or abdominal aortic)

### **Percussion**

- Percuss – resonance, tympany, dull, flat
- Presence or absence of pain, e.g. CVA tenderness
- 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

### **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** (caution not to rupture an organ or mass)

- 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 – 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 (ask client to bear down and observe for any bulging of vaginal walls)
- Cervix: speculum exam – position, color, shape, size, consistency 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 (normal cervix is pink and feels firm, like the tip of the nose; in pregnancy, the cervix is bluish and feels softer, like the lips of the mouth)
- 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 or overt blood (which would indicate GI bleeding)
- For referred pain (which occurs in appendicitis)
- For masses, haemorrhoids, anal fissures, sphincter tone, etc.

**Associated Systems****Cardiovascular and Pulmonary Examination**

- A cardiovascular and pulmonary exam should also be performed

**Eyes, ears, nose, throat**

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

**Integumentary**

- Assess for skin lesions, rashes, polyarthralgias of systemic gonorrhoea 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 or chronically ill)
- Uncontrolled vomiting
- Recent significant weight loss
- 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 (difference of approximately 30 mm Hg is indicator of aortic aneurysm)
- Joint edema, erythema, warmth

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

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

## DIAGNOSTIC TESTS

**Note:** The certified practice nurse (RN(C))<sup>1</sup> may consider the following diagnostic tests in the examination of the GI/GU system to support clinical decision making:

- Stool for occult blood or fecal immunochemical test (FIT)
- Stool for Ova and Parasites (O&P), Culture and Sensitivity (C&S)
- Haemoglobin
- Pregnancy test (urine)
- Pap smear
- Urinalysis – dipstick, R&M, C&S
- C&S – urethral discharge, prostatic secretions, vaginal discharge
- Random Blood Glucose (RBG)
- Electrocardiogram (ECG)
- STI testing as per the STI Assessment DST (Note that the RN(C) must be certified in STI management in order to carry out activities in the BCCNP STI Assessment DST. If STI testing is warranted and the RN(C) is not STI certified, refer to physician or nurse practitioner).

<sup>1</sup> RN(C) is an [authorized title](#) recommended by BCCNP that refers to BCCNP-certified RNs, and is used throughout this Decision Support Tool (DST).



## 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.

- AMN Healthcare Education Services. (2014). Focused gastrointestinal assessment. AMN Healthcare. Retrieved from [http://lms.rn.com/getpdf.php/2054.pdf?Main\\_Session=dd09ddddeef6174f5231f5fcad87ff7a](http://lms.rn.com/getpdf.php/2054.pdf?Main_Session=dd09ddddeef6174f5231f5fcad87ff7a)
- Ball, J. W., Dains, J. E., Flynn, J. A., Solomon, B. S., & Stewart, R. W. (Eds.). (2015). *Seidel's guide to physical examination* (8th ed.). St. Louis, MO: Elsevier.
- BC Cancer Agency. (2012). *What is the Fecal Immunochemical Test (FIT)?* Retrieved from <http://www.bccancer.bc.ca/screening/colon/get-screened/what-is-the-fit>
- Beers, M. H., Porter, R. S., Jones, T. V., Kaplan, J. L., & Berkwits, M. (Eds.). (2006). *Merck manual of diagnosis and therapy* (18th ed.). Whitehouse Station, NJ: Merck.
- Bennett, J.E. Dolin, R. Blaser, M. J. (2015). *Mandell, Douglas, and Bennett's principles and practice of infectious diseases*. (8th ed.) Philadelphia, PA: Saunders.
- Centers for Disease Control and Prevention (CDC). (2014) *Sexually transmitted diseases treatment guidelines, 2010: Pelvic inflammatory diseases*. Retrieved from [www.cdc.gov/std/treatment/2010/pid.htm](http://www.cdc.gov/std/treatment/2010/pid.htm)
- Cole, E., Lynch, A., & Cugnoni, H. (2006). Assessment of the patient with acute abdominal pain. *Nursing standard (Royal College of Nursing (Great Britain) : 1987)*, 20(38), 56–61; quiz 66.
- Estes, M. E. Z. (2014). *Health assessment and physical examination* (5th ed.). Clifton Park, NY: Cengage Learning.
- Jarvis, C. (2014). *Physical examination and health assessment* (2nd Canadian ed.). Toronto, ON: Elsevier Canada.
- Khan, A. T., Shehmar, M., & Gupta, J. K. (2014). Uterine fibroids: Current perspectives. *International Journal of Women's Health*, 6(1), 95–114. doi:10.2147/IJWH.S51083
- NHS Choices. (2016). Nausea and vomiting in adults. *NHS Choices*. Retrieved from <http://www.nhs.uk/conditions/vomiting-adults/Pages/Introduction.aspx>
- NICE. (2015). Ectopic pregnancy and miscarriage: diagnosis and initial management. *National institute for Health and Care Excellence*, (CG154), 1–38. Retrieved from <http://www.nice.org.uk/guidance/cg154/chapter/recommendations>

Public Health Agency of Canada. (2013). Pelvic inflammatory disease (PID): Section 4, Management and treatment of specific syndromes: Canadian Guidelines on Sexually Transmitted Infections. Retrieved from <http://www.phac-aspc.gc.ca/std-mts/sti-its/cgsti-ldcits/section-4-4-eng.php>

Stephen, T. C., Skillen, D. L., Day, R. A., & Bickley L. S. (2010). *Canadian Bates' guide to health assessment for nurses*. Philadelphia, PA: Lippincott, Williams & Wilkin.