

This assessment is effective as of October 2016. For more information or to provide feedback on this or any other decision support tool, email certifiedpractice@crnbc.ca

ADULT GASTROINTESTINAL (GI) – GENITOURINARY (GU) ASSESSMENT

Nurses with Remote Nursing Certified Practice designation (RN(C)s)¹ are able to manage the following genitourinary condition:

- Lower Urinary Tract Infection (UTI)

The following assessment must be completed and documented. As a complete genitourinary exam includes a gastrointestinal exam, these two examinations have been combined.

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:

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

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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.

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 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
- Food is regurgitated

Bowel Habits

- Last bowel movement
- 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
- Change in bowel habits

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
- For men – post-void dribbling and/or feels bladder is incompletely empty

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 r/o ectopic, pelvic inflammatory disease (PID) or pregnancy as the cause of symptoms:

- Date of last menstrual period (LMP) any changes?
- 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 – Male

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

Other Associated Symptoms

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

History Specific to GI / GU Systems

- Allergies (seasonal as well as reactions)
- Past and current use of medications (prescription and over the counter (OTC) e.g., 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, anti-psychotics, thiazide diuretics, immunosuppressants, digoxin, codeine)
- Herbal preparations 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
- **Diseases – GU:**
 - Human papilloma virus, sexually transmitted infections (STI's), 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, vasectomy, gynaecological procedures
 - **Male:**
 - hydrocele, epididymitis, prostatism, varicocele, hernia, undescended testis, spermatocele, erectile dysfunction, testicular torsion, vasectomy
 - **Females:**
 - Menstrual History – menarche, LMP, interval, regularity, duration and amount of flow, premenstrual syndrome (PMS) symptoms, dysmenorrhea, menopause, postmenopausal bleeding,
 - 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 gastroenteritis / recent GI infections
- Food poisoning
- GERD, peptic ulcer disease (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
- SpO₂
- Blood pressure (BP)

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
- 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
- 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

- 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, asymmetry 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 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, etc.
- Prostate exam in males

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, gonorrhea)
- Lymph nodes (auricular, tonsillar, submandibular, supraclavicular, infraclavicular)

Integumentary

- Assess for skin lesions, rashes, polyarthralgias of systemic 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 (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, 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 system 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)

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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