Napa Valley College
Associate Degree Program in Nursing
NURS 141

Gastrointestinal Assessment

Patient Initials: ___________________ Date of Assessment: ______________

Room#: ___________________ Student Name: ___________________

History: (circle and describe if present)
Positive family history of G.I. (gastrointestinal) disturbance, history of abdominal surgery, smoking, alcohol, high stress, anti-inflammatory medication, diabetes, colon cancer, special diet, food allergies, eating disorder, hemorrhoids, rectal pain, itching or bleeding, known or suspected exposure to parasites. Describe: ____________________________

Symptoms: (circle and describe if present)
Weight change, nausea, vomiting, or cramping after eating, abdominal pain after meals or at night, difficulty swallowing, belching, flatulence, epigastric burning, bloody emesis, tarry stools, diarrhea, or constipation. Describe: ____________________________

Normal Bowel Habits:
Bowel routine _____ Frequency _____ Stool Consistency_______ Usual Color_______
Describe any changes: ____________________________

Abdomen: Inspection (circle and describe any abnormalities)
Concave, convex, round, protruding, symmetrical, distended, petechiae, spider angiomas, striae, scars, hernias, diastases recti, visible pulsation, pale, pink, jaundiced, shiny, hair.
Description and location of findings______________________________

Abdomen: Auscultation (circle and describe any abnormalities)
BS auscultated in all 4 quadrants? _____ Y ______ N _____ Frequency of BS_______min.
Loud, soft, gurgling, high pitched, absent, diminished, peristaltic waves
Description and location of findings: ____________________________

Abdomen: Palpation
Tenderness, masses, bulges, rigid, taut/tense, soft
Description and location of findings______________________________

Abdomen: Percussion______________________________

Laboratory Tests:
CBC______________________________
HCT______________________________
HGB______________________________
WBC______________________________
K____ Na____ Protein_____ Albumin____
Stool Cultures______________________________
Hematest______________________________

Describe any GI related Diagnostic Test findings: ____________________________

Nursing Diagnosis (if appropriate): ____________________________