



## Lecture 2

Subject

# Health Assessment

Theoretical

Prepared by

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**Health Assessment:** is the gathering of information about a patient's in order to identify actual and potential health problems

**Preparation for Health assessment includes the :**

**A) Preparation for the nurse:**

1. Wear comfortable and clean gown.
2. Should be knowledgeable and Skillful.
3. Hand washing

## **B) Preparation of physical environment:**

1. Clean wells and Quiet place.
2. Proper temperature.
3. Proper ventilation.
4. Proper humidity.
5. Proper light – natural and artificial light may used.

## **C) Preparation of Client:**

1. The nurse identify her\his self to the client.
2. Explain the purpose to the client.
3. Maintain the client privacy.
4. Provide the client with clean gown.

## D) Preparation of the equipments:

- The equipments is in good condition **working well**.
- Clean.

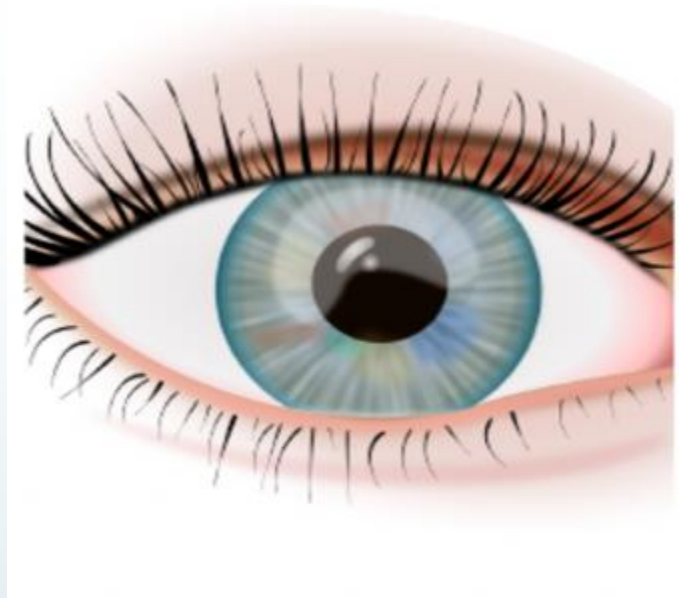
## Objective data - Observed by the nurse (O)

Physical Examination: collection of objective data by using many techniques such as: The order of **techniques** is as follows (Inspection – Palpation – Percussion - Auscultation).

## Methods of Examining

### A. Inspection : \*always first\*

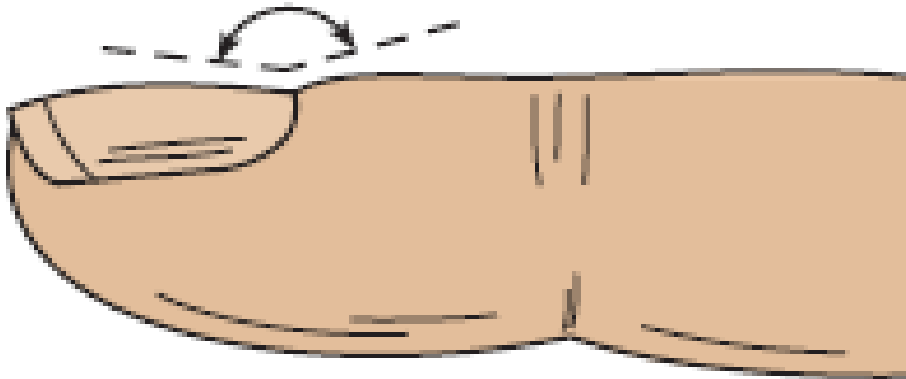
1. Use or tools = (eyes, nose).
2. need good lighting.
3. Look at color, shape, symmetry, position (eyes).
4. Observe for odors from skin, breath, wound (nose).



Diabetes mellitus = Acetone, Ketone.

Breathing odors = Poor oral hygiene.

About 160°



Normal nail

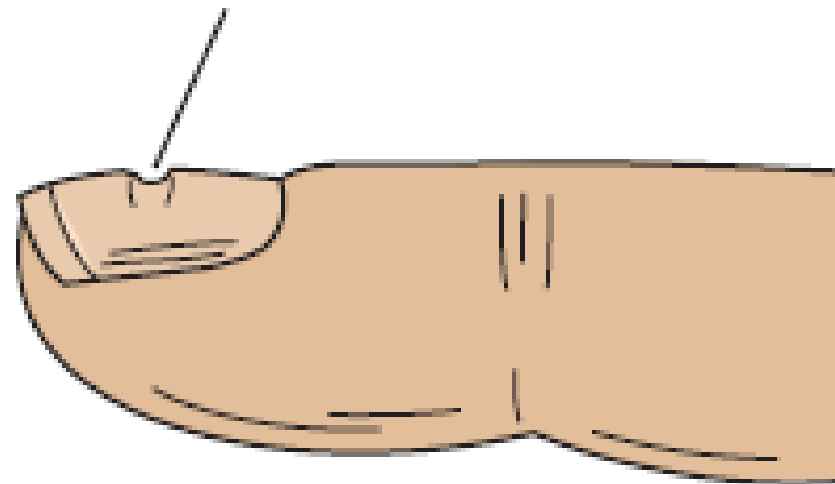


spoon-shaped  
(iron deficiency anemia)



late clubbing (long-term oxygen lack)

Beau's line



Beau's line on nail (severe injury or illness)

**E**



## **B. Palpation** : light and deep touch

❖ Tools = our hands

❖ Back of hand (dorsal aspect)

to assess skin temperature.



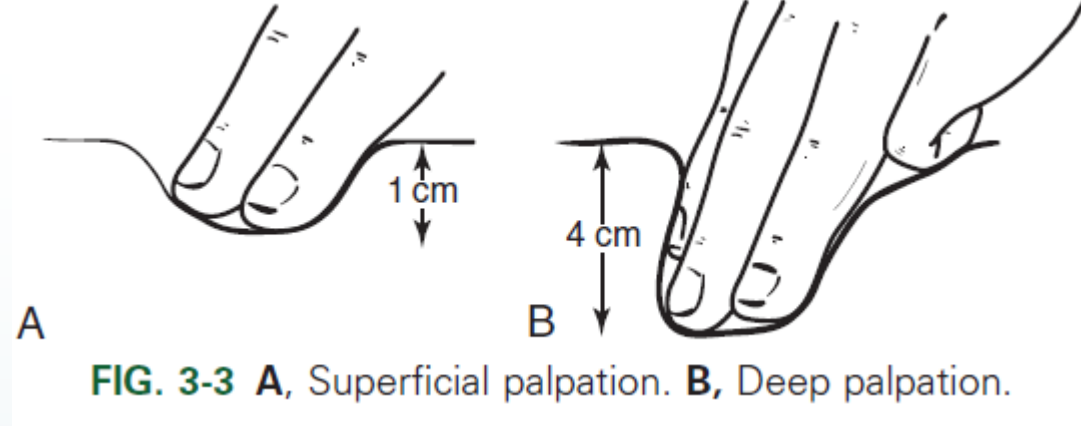
Palpation

**Types of palpation are:**

1. Light palpation
2. Deep palpation
3. Bimanual palpation

# Types of palpation

## 1. Fingers (light):



within 1-2 cm to assess texture, moisture, areas of tenderness, pain and assess size, shape, and consistency of lesions

2. Deep palpation : 4 - 5 cm to assess mass and organs.

3. Bimanual: using two hand 5-8 cm to assess organs

(Kidney).



**Figure 30-1** ■ The position of the hand for light palpation.



**Figure 30-2** ■ The position of the hands for deep bimanual palpation.





C. **Percussion** : sounds produced by tapping body surface. Produces different sounds depending on underlying structures (dull, resonant, flat, and tympanic) .

1- Direct percussion (sinuses) 2- Indirect percussion.

Sound	Example
Flatness	Muscle, bone
Dullness	Liver, heart
Resonance	Normal lung
Hyperresonance	Emphysematous lung (to much air)
Tympany	Stomach filled with gas (air)





**Figure 30-4** ■ Direct percussion. Using one hand to strike the surface of the body.



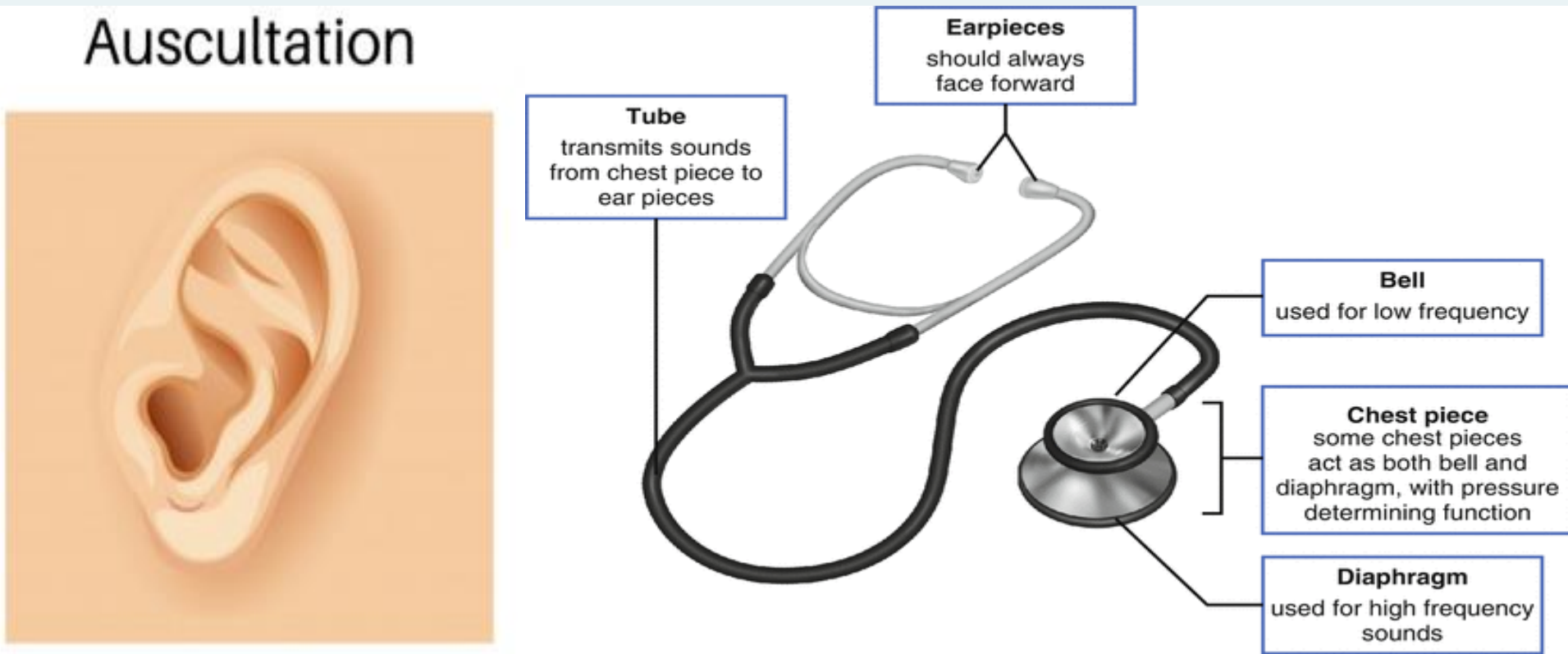
**Figure 30-5** ■ Indirect percussion. Using the finger of one hand to tap the finger of the other hand.

**D. Auscultation** : listening to sounds produced by the body.

**1. Flat diaphragm picks up:-** high-pitched respiratory sounds best.

**2. Bell picks up:-** low pitched sounds such as heart murmurs.

## Auscultation





# Reference

Berman, A. T., Snyder, S., & Frandsen, G. (2016). *Kozier & Erb's. Fundamentals of Nursing: Concepts, Process, and Practice (9 th) Edition.*

Thanks