



## Lecture 3

Subject

# Health Assessment

Theoretical

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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 herself \his 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.

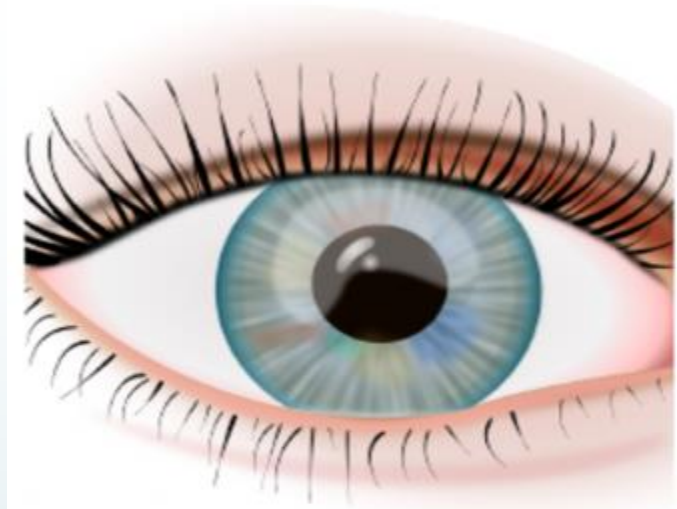
## Objective data - Observed by the nurse (O)

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\*

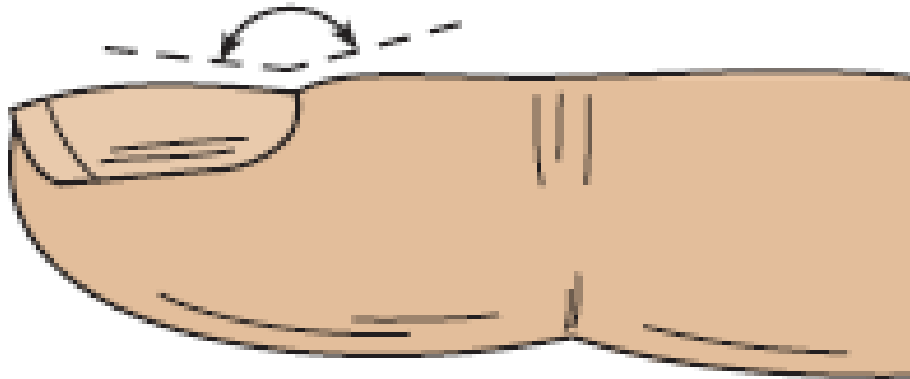
1. Use or tools = (eyes, nose).
2. need good lighting.
3. Look at color, shape, symmetry, position (eyes).
4. Observe for odors from skin, breath, wound (nose).



Diabetes mellitus = Acetone, Ketone.

Breathing odors = Poor oral hygiene.

About 160°



A normal nail

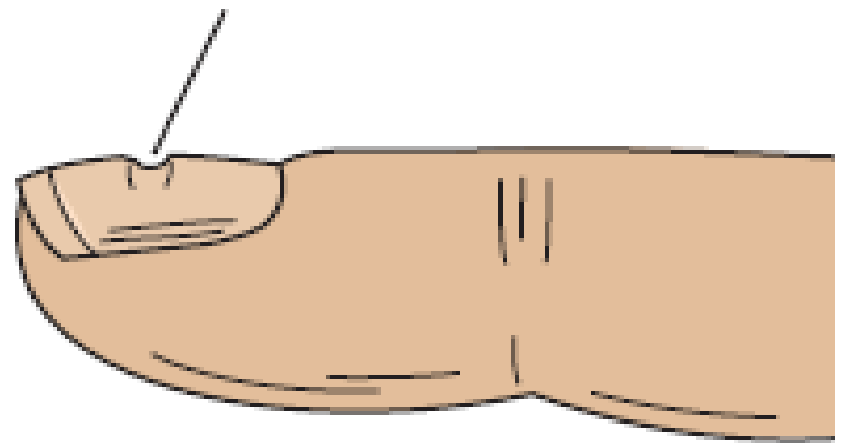


spoon-shaped  
(iron deficiency anemia)



late clubbing (long-term oxygen lack)

Beau's line



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



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

- ❖ Tools = our hands
- ❖ Back of hand (dorsal aspect)  
to assess skin temperature.



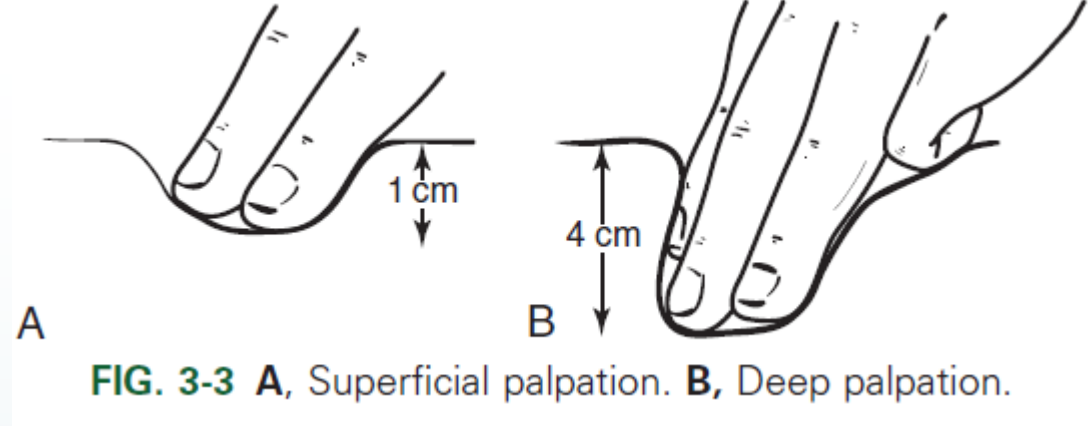
Palpation

### 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.



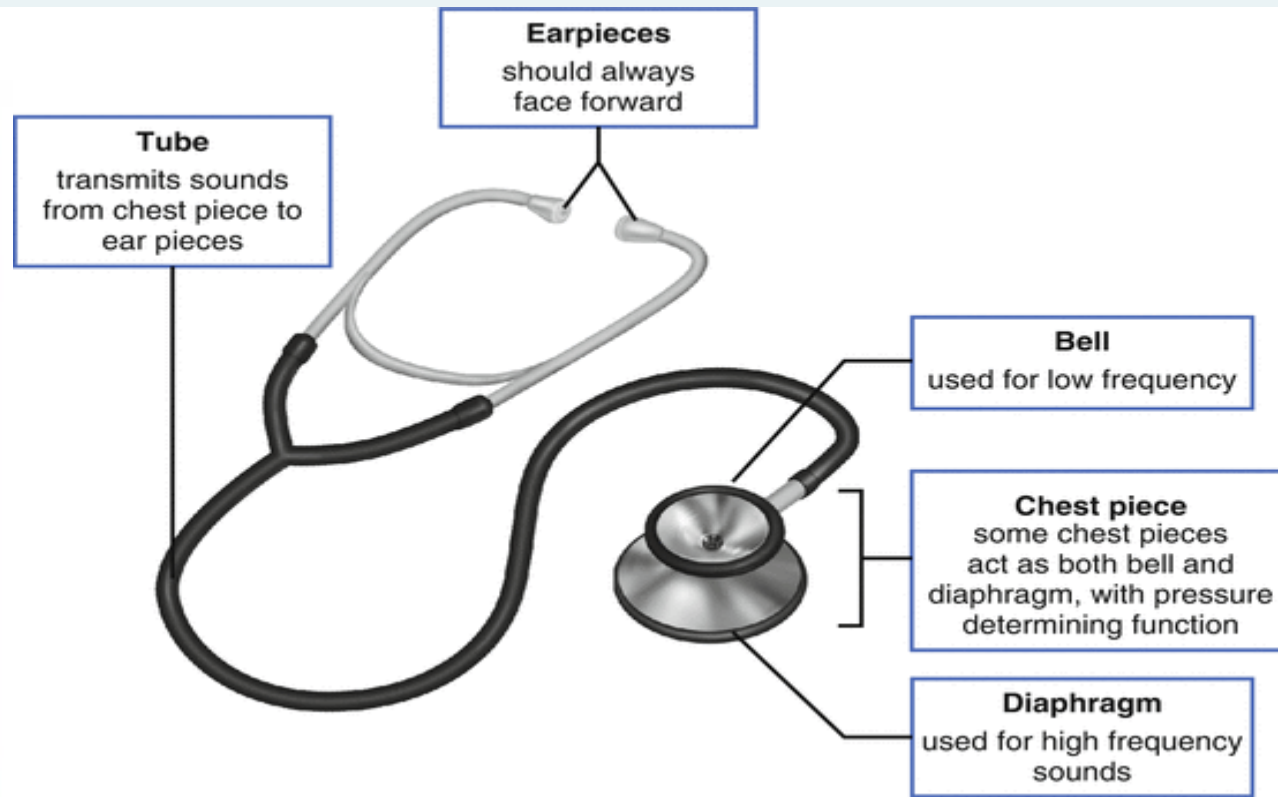
**Figure 30-5** ■ Indirect percussion. Using the finger of one hand to tap the finger of the other hand.

**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

Q1\ Suzan is a 42-year-old woman admitted to the hospital with health problem. She telling the nurse that felling of pain in upper part of abdomen, exhausted, nauseated and has not slept for three nights. Her vital signs are as follows: blood pressure (BP), 132/90 mm Hg; heart rate, 104 beats/min; respiratory rate, 22 per minute; temperature (38.8° C).

1. List five (5) of the subjective and objective data described in this case study.

Q2\ Numerate the source of data.