

Pediatric Abdominal Exam (mostly from UpToDate & UBC with some editing/expanding)

1. Position: supine with hips flexed (to relax muscles)
2. Inspection
  - a. Shape: infants usually have protuberant abdomens; becomes more scaphoid as child matures (may be too scaphoid if starving, UGI obstruction, or diaphragmatic hernia)
  - b. Umbilicus (infection, hernias): most umbilical hernias resolve with time and don't require surgical correction (unless herniated or large and not decreasing over the course of years)
  - c. Muscular integrity: diastasis recti can be elicited by having child tense muscle (lift head to look at belly while supine, or cry if infant)
3. Auscultation
  - a. Active bowel sounds often are heard in patients with gastroenteritis and usually are decreased or absent in patients with appendicitis or intestinal obstruction.
  - b. Abdominal bruit may be 2/2 stenosis of aorta or iliac, femoral, or renal arteries
  - c. Scratch test: with stethoscope on abdomen, start on lower abdominal quadrant of the same side of organ being examined and move superiorly, to identify the lower border of the organ when a change in sound from tympany to dullness is heard.
4. Percussion: Solid or fluid-filled structures (organ, full bladder) produce a dull sound to percussion; gas-filled loops of bowel produce tympany.
  - a. Ascites: begin peripherally, at first dullness will be noted. As you advance centrally, the air-filled loops of intestine, forced to the midline by ascitic fluid, will emit a tympanitic sound. When the child turns, the locations of tympany and dullness shift.
5. Palpation: start with light touch; if patient is ticklish have them exhale slowly or push your hand
  - a. Tenderness - avoid tender area until end of exam
  - b. Liver, spleen, kidneys
    - i. In newborns, liver edge may be felt about 2 cm below the costal margin, while in older kids the normal liver edge is just below inferior costal margin
    - ii. Differential for hepatomegaly: inflammation/infection, infiltration (tumor or storage dz), back up of blood (heart failure, clots) or bile (biliary atresia, stones, cysts)
  - c. Rebound, guarding
6. Remember GU exam when evaluating for abdominal pain

Resources:

<http://learn.pediatrics.ubc.ca/videos/abdominal-exam/>