

**Community College of Aurora
EMS Education
Clinical Assessment Sheet**

Abdominal Assessment

Abd
 Adult(18-65)
 Adult Dys
 AMS
 Cardiac
 ETT
 Ger(65+)
 IV
 Medication
 OB
 Ped(<18)
 Ped Dys
 Psych
 Syncope
 TL
 Trauma
 Vent

Student name: _____ **Date:** _____ **Patient age:** _____

List all medications administered by student:

Level of consciousness: A V P U Agitated Obtunded Confused Uncooperative
Airway patent: Yes No Respirations: Normal Labored Hypo Hyper Absent
Circulation: Pulse found at: Radius Carotid Strong Weak Absent
Pupils: Equal Unequal Reactive Fixed Dilated Pinpoint
Description of breath sounds:
Onset: Gradual Sudden
Provocation (what makes it better or worse): movement rest food/drink position
Quality: Constant Intermittent Sharp Dull Tearing Cramping Burning
Radiation: Back Shoulder Arm Leg Flank Neck Other:
Severity: 1-10 scale: At onset: 1 2 3 4 5 6 7 8 9 10 Currently: 1 2 3 4 5 6 7 8 9 10
Time: Hours: _____ Days: _____
Location: RLQ RUQ LUQ LLQ Epigastric Diffuse Periumbilical Suprapubic
Abdomen: Normal Guarded Rigid Distended Tender
Activity at onset:
Bladder: Normal Retention Frequency Hematuria Burning
Has this happened before? Yes No Diagnosis:
Other S/S: Nausea Vomiting Constipation Diarrhea
Fever: Yes No Chills: Yes No
Rectal bleeding: Yes No Color: Bright red Tarry
Last oral intake: _____ When: _____
Skin signs: Temp: Normal Cold Hot Moisture: Dry Moist Color: Pink Pale Cyanotic
Patient final diagnosis:
Briefly review the pathophysiology of the patient's problem:
Briefly review potential sequelae of patient's problem and/or treatment received: