**Gynecology Physical Exam Checklist**

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| **ID** (this is part of the history taking process but bears repeating)   * Be certain you have confirmed the client’s identity by asking them to state their name. * If not yet known, determine preferred pronouns during this encounter as well as their name   *Rationale:* Having the patient state their name allows accurate identification and allows the individual to present with their preferred name. For transgendered individuals this is an important part of their identity, and their chosen name should be used throughout the visit. | ID  Pronouns |  |
| **Information and permission**   * Following the health history, let the patient know you suggest a gynecological (pelvic) exam and ask them permission to do so. Also ask about any person specific information you should be aware of.   *Rationale:* Transgendered individuals should be asked about “bottom surgery” as this can require an alternate approach.  Consider the need for a chaperone\* | Permission to examine |  |
| **Have the patient empty their bladder**  *Rationale:* This increases the comfort of the procedure. | Ask about need to use BR |  |
| **On return, explain the procedure**   * Let the patient know how you will position them according to their abilities and ask for their input.   *Rationale:* Patients who have mobility challenges can require alternatives to routine feet in stirrups positioning.  Please see Module 3 for suggestions on positioning for differently abled individuals. | Explanation provided |  |
| **Describe your goals for the examination**   * Explain sample collection and any screening that will be taking place   *Rationale:* Giving the patient the rationale for these investigations as well as the approximate timeline for results and what actions you will take based on the results increases patient collaboration. | Explain the goals |  |
| **Prepare your tools for examination ahead of time**   * All tools should be available and prepared prior to positioning the patient. * Lubricant if required (be aware of impact on test results) * Any swabs brooms or slides that will be needed during the examination * Make sure the overhead light is working.   *Rationale:* This prevents prolonged exposure of the patient and minimizes personal discomfort for most people. | Tools available and working  Sampling tools collected and available  Overhead light |  |
| **Ask patient to undress and position them for abdominal exam**   * Have the patient lie on their back knees slightly bent - complete IPPAS for abdominal exam.   *Rationale:* Completing a general abdominal exam first will help you identify any areas of pain or discomfort and abnormalities | **Inspection**  (Contour, Size, Colour, Symmetry, Pulsations)  **Auscultation**  (Bowel sounds, Bruits)  **Palpation**  (Light, Deep, Liver, Spleen, Masses, Lymph nodes)  **Percussion**  (General tympany, Liver span, Spleen size)  **Special tests**  (As indicated from history) |  |
| **Position the patient for vaginal examination**   * Provide for maximum privacy * For traditional gynecologic examination, have the patient lay flat on their back, on the examination table with knees bent, knees apart and heels together or help put feet in stirrups (as per patient preference) * Have them move close to the end of the table that you will be sitting at for the exam.   *Rationale:* This provides a position of access that is both easy to visualize and easy to access with the speculum. Drape the patient to provide as much privacy as possible and be cognizant of the position of the table. The end of the exam table should not be positioned toward the door or in any other manner that could compromise privacy. | Maximum privacy provided  Client positioned |  |
| **Prepare the speculum**   * Run the speculum under warm tap water and test for comfort by touching the speculum to the inside of the client’s thigh. * Ensure all parts of the speculum are functioning including the screw or clip that will hold it open once the cervix is visualized.   *Rationale:* Testing the temperature of the speculum prevents discomfort from a speculum that is too hot or too cold. \*Note: some patients with vaginal dryness may require water-based lubricant for comfort. Use as little as possible and apply it only to the base of the speculum as too much can alter test results. \*Indicate on requisition that lubricant was used. | Speculum prepared |  |
| **Consider:** Inspection, Palpation, Visualization, Sampling   * Use personal protective equipment (gloves, mask if indicated). | | |
| **Complete an external examination**   * Inspect all aspects of the external genitalia. * Examine the external structures top toward bottom and then external area toward internal area. Then open the labia majora to visualize the labia minora and clitoris. Open minora as well to assess the vaginal opening and urethra if visible. Note redness swelling, lesions, ulcers, vesicles, discharge, scars, or trauma. Note if clitoris is absent.   Take note of any surgical scars including alteration regarding sex transitioning.  Rationale: Using a systematic approach (top to table) for your inspection will help ensure nothing is missed during your external exam. | **Lymph nodes**  **Labia Majora**  (Check for Infindulation, Redness, Swelling, Lesions, Ulcers, Vesicles, Scars, Trauma)  **Labia Minora**  (Present, Check for infindulation, Redness, Swelling, Lesions, Ulcers, Vesicles, Scars, Trauma)  **Clitoris**  (Present, Redness, Swelling, Lesions, Ulcers, Vesicles, Scars, Trauma)  **Vaginal Opening**  (Normal diameter, Discharge, Redness, Swelling, Lesions, Ulcers, Vesicles, Scars, Trauma)  **Urethra**  (Redness, Swelling, Trauma)  **Reassignment Surgery**  (Present, Describe) |  |
| **Insert the speculum**   * Hold the speculum closed and angled to insert it into the vaginal canal. * Position to see the cervix within the opening of the speculum.   *Step by step:*  Holding the speculum angled for insertion allows for ease of insertion. Once you have the speculum inserted turn it gently so that the handle is pointing down. Open blades. Ensure the blades are open and look for the cervical os. Tighten the screw or clip that will hold the blades open. (Ensure you visualize the os prior to tightening this screw as you may need to move the speculum further into position and this may require the blades to be slightly closed). |  |  |
| **Visualize the os**   * Assess for any abnormalities that may require further testing (Discharge, Redness, Lesions, Ulcers, Growths) | **Cervical os visualization** |  |
| **Obtain your specimens**   * Please see Module 2 and 4 regarding obtaining samples for common abnormalities.   *Tip:* Be aware of screening guidelines. | Pap done  Any others indicated   * STI |  |
| **Remove the speculum**   * Unscrew the thumb screw or clip of the speculum and close the speculum.   Once removed, place the speculum in the appropriate container for disposal (if one time use) or for cleaning (if multi- use). | Visualization of vaginal canal   * Redness * Swelling * Lesions * Ulcers * Vesicles * Scars * Trauma |  |
| **Prepare the client for a bimanual exam if indicated**  Tip: No longer routinely done but would be done in the case of a history or exam finding that suggests a possible abnormality. | Inform patient that a bi-manual exam will be done (if indicated) and reconfirm consent |  |
| **Remove speculum and prepare for bi-manual examination**   1. Assess for need to change gloves and rinse gloved hand under water and/or add lubrication. | Maintain clean technique |  |
| 1. Insert 1 or 2 fingers from dominant hand (usually index and middle finger) into vagina with palm facing the inner thigh, then rotate hand so that palm is facing upwards. |  |  |
| 1. Locate cervix and place the other hand over the lower abdomen to assess uterine size.   *Rationale:* The uterus can be found between the cervix and the uterine fundus. A non-pregnant uterus is small (6cm x 4-6cm). | Uterus palpated and size approximated |  |
| 1. Using a bimanual approach locate the uterus between the two hands. |
| 1. Feel for ovaries and adnexa in a similar manner and note any pain or discomfort bilateral with palpation. | Ovaries normal  Adnexal tenderness?   * Yes * No |  |
| **Inform patient that the examination is complete**   * Remove gloves, re-drape patient, wash hands, inform the patient you will return to summarize and allow patient time to dress | | |
| **Summarize**   * Inform patient of findings, include plan for any further testing and next follow up appointment. Include the patient in decisions. * Ensure client understanding through talk back approach. | | |
| **Document**   * Document the examination and all findings as well as follow up and clients understanding. * Use approved documentation standards to complete your documentation.   \*Tip: if anyone else was present during the exam, document that as well.  ie: Partner present at request of patient | | |

*\*Use of proper PPE must be maintained throughout the entire process and will depend on current public health guidelines.*