

## Health Assessments Skills Check-Off Criteria

### Female PELVIC EXAM

Student Name \_\_\_\_\_

Examiner Name \_\_\_\_\_

Physical Assessment Technique	Does Student Meet Criteria		Comments
	Yes	No	
General: Room should be warm and offer privacy. Patient should be gowned appropriately. Maintain eye contact with patient as appropriate. Talk before you touch the patient or insert anything. Briefly describe procedures before you perform them. Encourage patient to indicate any discomfort and ask questions at any time during the exam. Use appropriate language throughout exam; At the end of exam, offer tissues or towelettes to clean off.			
<b>With patient sitting up: Preparing for examination</b>			
Introduce yourself and identify patient.			
Wash hands.			
Determine if patient has had speculum exam previously; if not, explain giving a general overview and rationale for exam; offer to show speculum; offer mirror.			
Determine whether patient has had an opportunity to void, and if not, allow her to do so.			
<b>With patient lying down: Positioning patient for pelvic exam</b>			
Raise head of table to approximately 45°. Ask patient to place feet in foot supports and lie back.			
Ask patient to slide down to end of the table.			
Ask patient to drop her knees apart.			Do not use hands to separate knees.
Adjust light and ensure all equipment is prepared.			
<b>With patient lying down: Speculum examination</b>			
Put gloves on both hands and sit down. One hand (often it is the dominant hand but use the hand that feels natural) will be the examining hand and the other hand will be the room hand and will not touch body fluids. You may double glove if needed			
Examine inguinal lymph nodes.			Sit or stand.
Examine mons for hair distribution, crabs, bruising or skin discoloration.			
Separate the labia and conduct visual inspection of external genitalia, including clitoris, urethra, labia, and Bartholin's glands. Look for pigmentation, asymmetry, erythema, lesions or ulcerations, discharge or fissures.			
Warm speculum with warm water if metal and unheated. Suggest collecting specimens prior to using sterile water soluble lubricant.			
Use the examining hand to separate labia. Insert speculum in vagina at an oblique and downward angle (approximately 45° degrees). Ask patient to bare down or breath out to insert			

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more easily. Advance and rotate. Remove labia from under speculum if needed for patient comfort.			
Press speculum posteriorly and open slowly to visualize cervix, lock speculum in place.			Note – If difficulty with locating cervix, may consider doing bi-manual first after collecting vaginal specimens.
Examine vagina, cervix and os visually. Examine os for color, position, ulceration, nodules, masses, bleeding, or discharge. Obtain specimens and place in containers.			
Release and remove speculum still open slightly to pass beyond the cervix, then close to remove completely, place in appropriate container.			
<b>With the patient lying down; examiner standing: Bimanual examination</b>			
Place lubricant on index and middle fingers of examining hand.			
Separate labia insert index finger of examining into vagina; followed by the middle finger if vaginal canal allows. Rotate hand to palmer surface upward. Advance fingers slowly.			
Locate and examine cervix with vaginal hand. Note irregularities. Gently move from side to side and palpate cervix between fingers to elicit cervical motion tenderness.			
Palpate anterior surface of the uterus with vaginal hand; place room hand on patient abdomen and bring uterus between hands to palpate uterus. Note uterine size, shape, consistency, position, masses and tenderness.			
Palpate ovaries and adnexa bilaterally using vaginal and abdomen hand. Check for adnexal masses and tenderness.			Use femoral pulse points as landmarks if needed.
Remove abdominal hand. Examine for perineal muscle control with vaginal hand by asking patient to tighten vaginal muscles and for cystocele, urethrocele or rectocele by asking patient to push down for a moment.			
<b>With patient lying down: Rectovaginal examination</b>			
Change gloves. Place lubricant on index and middle fingers of examining hand. Sit down.			
Place index finger at introitus, middle finger just outside anus, ask patient to bare down against finger at anus. Insert middle finger into rectum and index finger into vagina.			
Have patient Valsalva. Stand to do rest of exam.			
Palpate rectovaginal septum by sweeping to left, middle and right; examine cervix. Abdominal hand maintains pressure on pelvic contents for cul-de-sac and evaluation of posterior surface of uterus, particularly if retroverted.			
Remove fingers. If indicated, sample for occult blood.			