

Assessment and Diagnostic Guideline: General

This document is intended to provide guidance to Certified Practice Registered Nurses (RN(C)) in the areas of Remote Nursing and RN First Call. In addition to the British Columbia College of Nurses and Midwives' (BCCNM) [Entry-Level Competencies for Registered Nurses](#), RN(C)s rely on advanced clinical reasoning to direct their practice and decision-making. This guideline is intended as a reference for taking a health history applicable to Remote Nursing and RN First Call RN(C)s. This document exists as part of a suite of tools, where RN(C)s can access system-specific *Assessment and Diagnostic Guidelines* to compliment the initial health history data collection. Please refer to [Appendix A](#) for a list of diseases, disorders, and conditions that Remote Nursing and RN First Call RN(C)s can diagnose, manage, and treat.

Many people seek care for reasons that do not result in a diagnosis being made. RN(C)s may initiate contraception, provide follow up for a condition already diagnosed (e.g., cellulitis, otitis media), and provide advice about comorbidities or keeping healthy, safe, and well. A systematic, general assessment can help to achieve all these things. This guideline, while comprehensive, aims to *guide* the RN(C)'s general health history interview with clients.

RN(C)s are required to draw from their clinical experience, nursing knowledge, and clinical reasoning to identify and prioritize relevant information as it pertains to each client. RN(C)s work from a trauma-informed, culturally safe, person-centered perspective, using diversity, equity, and inclusion lenses while engaging in assessment practices and protecting client privacy and confidentiality.

When using this document, consider the following:

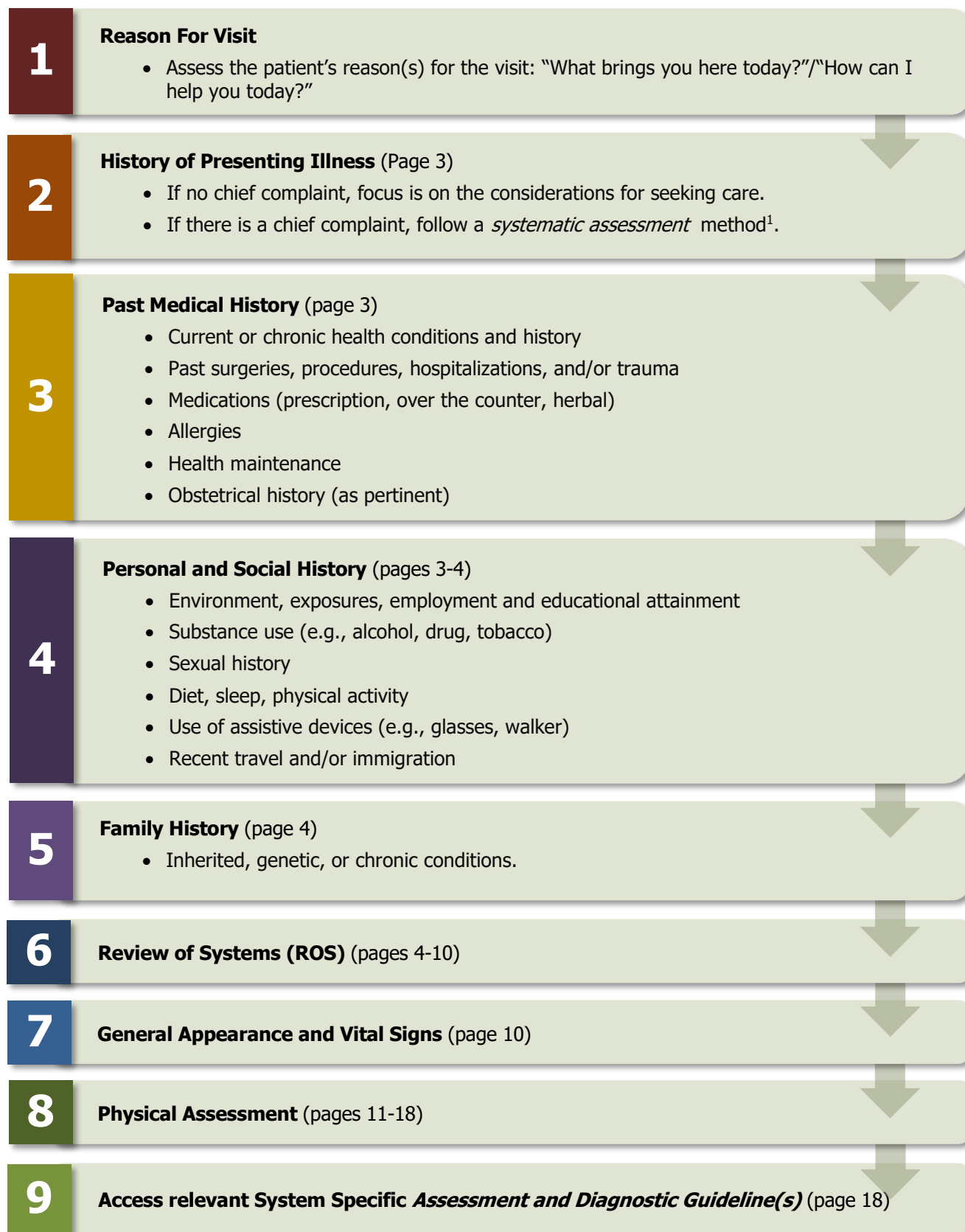
- Not all components within this guideline will apply to every client interaction.
- RN(C)s are expected to use their clinical reasoning and professional judgement to determine what is relevant and suitable to their client, the clinical situation, and the area of practice.
- RN(C)s are expected to draw on clinical judgment informed by the RN(C) competencies to identify when a referral or consultation is required.

RN(C)s may find this document helpful when:

- Seeking to confirm the collection of all relevant data
- Considering additional information to collect to aid in making a diagnosis or management plan
- Determining age-related differences between adult and pediatric populations

Visual Summary of Guideline

The following visual provides an overview of the format for collecting a systematic health history. The components within the visual diagram are expanded on starting on [page 3](#).



¹A systematic assessment refers to a comprehensive data collection method which may include frameworks such as OLDCAARTS: Onset, Location, Duration, Characteristic, Alleviating & Aggravating factors, Associated symptoms, Radiating or Relieving factors, Timing & Severity.

1) Reason for Visit (Chief Complaint)

a. Assess the patient's reasons for the visit

2) History of Presenting Illness

a. History of review of systems associated with the chief complaint (if applicable)

- Onset (sudden or gradual)
- Location
- Duration (When did it start?)
- Characteristics (i.e., sharp, stabbing, aching, dull) and current situation (improving or deteriorating)
- Aggravating/precipitating factors (What makes it worse?)
- Alleviating factors including treatments tried and efficacy (What makes it better?)
- Associated symptoms (Review of Systems associated with the chief concern - usually include system(s) above and below)
- Radiation of pain (localized or generalized)
- Timing (frequency, chronology or progression of symptoms)
- Severity (Pain Scale (1-10))
- Effect(s) on activities of daily living
- Family and/or close contacts with similar symptoms
- Understanding of previous diagnoses or similar episodes

3) Past Medical History

Note: For specific past medical history considerations see [Appendix B](#).

- Current or chronic health conditions: General health history**
- Past surgeries, procedures, hospitalizations and/or trauma**
- Medications (best possible medication history)**
- Allergies**
- Health maintenance (e.g., immunizations, last pap, mammogram, dental exam, etc., as pertinent)**
- Obstetrical history as pertinent, last menstrual period (LMP) (if applicable)**

4) Personal and Social History

Note: For specific past medical history considerations see [Appendix B](#).

- Environment, exposures, employment, and educational attainment**
 - Living situation
 - Known exposures, as pertinent (e.g., second-hand smoke, asbestos, COVID-19, norovirus, etc.)
 - Occupational or school environment
 - What level of educational attainment (How far did you go in school? High school, college, etc.)
- Substance use**
 - Alcohol
 - Nicotine
 - Vaping
 - Chewing tobacco
 - Cannabis

- Illicit substances (e.g., method/side effects, cocaine, heroin/fentanyl)

c. Sexual history

- Exposure to STIs, last testing for STIs
- Contraceptive method +/- use of barrier method

d. Diet, sleep, and physical activity

- Usual practices or routines

e. Use of assistive devices

- Glasses or contacts
- Hearing aid(s)
- Walker or cane

f. Recent travel and immigration

5) Family History

Note: For specific past medical history considerations see [Appendix B](#).

- Family history includes parents, siblings, or other family members as relevant.

a. Inherited or genetic conditions

- Allergies, atopy

b. Chronic conditions

6) Review of Systems (ROS)

Note: This is a re-organization of current Decision Support Tools (DSTs). For a complete review of systems, see [Appendix C](#).

Eyes

- Recent changes in vision
- Vision loss including loss of peripheral vision
- Blurring
- Halos around lights
- Floaters
- Flashes of lights
- Pain
- Headache
- Sensation of pressure behind the eye
- Irritation
- Foreign-body sensation
- Photophobia
- Diplopia
- Lacrimation
- Itching
- Eye discharge

Additional Pediatric Considerations

- Squinting or keeping one eye closed in younger children
- Rubbing of eyes
- Strabismus

Ears, Nose, Throat

Ears

- Recent changes in hearing
- Itching
- Earache
- Discharge
- Tinnitus
- Vertigo
- Ear trauma
- Cotton swab use

Additional Pediatric Considerations

- Rubbing ears
- Ear tags

Nose and Sinuses

- Rhinorrhea
- Epistaxis
- Obstruction of airflow
- Sinus pain or sinus headache
- Nasal itching
- Anosmia
- Nasal trauma
- Sneezing
- Watery eyes

Additional Pediatric Considerations

- Nasal discharge or postnasal drip
- Foreign body

Mouth and Throat

- Hoarseness or recent voice change
- Dental status
- Oral lesions
- Bleeding gums
- Changes to the tongue (e.g., colour, bleeding, lesions)
- Sore throat
- Uvula displacement

- Dysphagia
- Exudate
- Pain
- Dry mouth
- Loss of taste
- Cheilitis

Additional Pediatric Considerations

- Koplik's spots (found in oral mucosa)
- Cleft lip or palate

Neck

- Pain
- Swelling
- Lymphadenopathy
- Increasing headache or pain associated with the flexing of the neck

Additional Pediatric Considerations

- Head lag

Cardio-Respiratory

Cough

- Quality
- Severity
- Timing
- Duration: If the duration is greater than 2 weeks, screen for tuberculosis (TB)

Sputum

- Colour
- Amount
- Consistency
- Purulence, odour, foul taste
- Time of day when sputum increases

Hemoptysis

- Amount of blood
- Frank blood or frank blood mixed with sputum
- Association with leg pain, chest pain, shortness of breath

Shortness of Breath

- Exercise tolerance (number of stairs client can climb, or distance client can walk)
- Posture – orthopnea or tripodding
- Shortness of breath at rest
- Association with paroxysmal nocturnal dyspnea (PND)

- Associated swelling of ankles or recent weight gain

Additional Pediatric Considerations

- Tachypnea, grunting, nasal flaring, or retractions
- Association with paroxysmal nocturnal dyspnea

Exercise Intolerance: Pediatrics

- Infants:
 - Eats slowly, tires during feeding
 - Cyanosis appears with feeding
 - Often described by parents or caregiver as a “good baby” (i.e., always quiet, sleeps a lot)
- Children:
 - Exercise intolerance, inability to keep up with other children the same age

Wheeze: Pediatrics

- Timing

Cyanosis

- Central vs peripheral
- Frequency and/or triggers of occurrence
- Any recent changes in the pattern
- Associated wheeze

Chest Pain

- Associated symptoms such as nausea, sweats, shortness of breath, anxiety, palpitations
- Relation to effort, exercise, meals, bending over
- Explore all aspects of the pain (including location, quality, radiation, severity, timing, and others)

Fainting or Syncope

- Weakness, light-headedness, loss of consciousness
- Relation to postural changes, vertigo, or neurological symptoms

Extremities

- Edema: site and extent of edema
- Relation of edema to activity or time of day
- Intermittent claudication (exercise-induced leg pain)
- Distance client can walk before onset of pain related to claudication
- Time needed to rest to relieve claudication
- Temperature of affected tissue (warm, cool or cold)
- Tingling
- Leg cramps or pain at rest
- Presence of varicose veins

Genitourinary

Abdominal Pain

- Quality (sharp, burning, cramping)
- Quantity (constant, intermittent)
- Radiation (localized, generalized)
- Timing (related to eating or movement)
- Severity
- GU indicators (flank, suprapubic, genital, groin or lower back pain and tenderness)

Additional Pediatric Considerations

- Costo-vertebral angle
- Severity of dehydration

Nausea and Vomiting

- Frequency, amount
- Presence of bile
- Hematemesis (red or coffee-ground emesis)
- Force
- Colour
- Relationship to food intake (i.e., solids or liquids)

Dysphagia

- Solids or liquids
- Site where food gets stuck
- Whether food is regurgitated

Bowel Habits

- Last bowel movement
- Frequency, colour and consistency of stool
- Presence of blood or melena
- Pain before, during or after defecation
- Sense of incomplete emptying after bowel movement
- Use of laxatives: type and frequency
- Tenesmus
- Hemorrhoids
- Belching, bloating and flatulence
- Change in bowel habits

Urinary Symptoms

- Frequency, urgency, quantity
- Dysuria and its timing during voiding (at the beginning or end, throughout)
- Difficulty in starting or stopping urinary stream
- Change in colour and odour of urine
- Hematuria

- Incontinence (including urge and stress)
- Presence of stones or sediment in the urine
- Nocturia (new onset or increase in usual pattern)
- Urinary retention
- For men: post-void dribbling and/or feels bladder is incompletely empty

Additional Pediatric Considerations

- Enuresis (bed wetting)
- New onset incontinence
- Toilet training problems

Jaundice

- Scleral icterus
- Tea-coloured urine
- Clay-coloured bowel movements
- Pruritus (itching)
- History of hepatitis A, hepatitis B or hepatitis C

GU Symptoms – Female

- Where appropriate for females to rule out ectopic pregnancy, Pelvic Inflammatory Disease (PID) or pregnancy as the cause of symptoms:
- Date of last menstrual period (LMP)
- Changes in menstrual period (frequency, amount)
- Dyspareunia or post-coital bleeding
- Lesions on external genitalia
- Itching
- Urethral or vaginal discharge
- Sense of pelvic relaxation (pelvic organs feel as though they are falling or falling out)

GU Symptoms – Male

- Testicular pain or swelling
- Discharge from penis, itching
- Lesions on external genitalia

Integument – Skin, Nails, Hair**General**

- Fever
- Malaise
- Arthralgia

Skin

- Changes in texture or colour
- Unusual dryness or moisture
- Itching, burning, pain or numbness

- Rash
- Bruises, petechiae
- Changes in pigmentation
- Lesions, blisters or crust
- Changes in moles or birthmarks

Nails

- Changes in texture, structure

Hair

- Changes in amount, texture, distribution

7. General Appearance and Vital Signs

- Apparent state of health
 - Acutely or chronically ill
- Match between appearance and stated age
 - Appearance of comfort or distress
 - Diaphoresis
 - Ability to speak in full sentences without stopping to take a breath
 - Skin colour
- Nutritional status
- Hydration status (older adults at risk)
- Hygiene
- Gait and mobility status
- Piercings and tattoos
- Vital signs
 - Temperature
 - Pulse
 - Respiration
 - SpO₂
 - Blood pressure (BP)

Additional Pediatric Considerations

- Appears stated age and within growth parameters
- Degree of consolability and cooperation
- Activity level
- Emotional reaction to caregiver and examiner
- Character of cry
- Bruising, contusions, abrasions (suggestive of trauma)

8. Physical Assessment

Physical Assessment of the Eye

Inspection

Test visual acuity, visual field:

- Bony Orbit: edema, lesions, bruising
- Lids and lashes: ability to open and close, edema, erythema, crusting, eyelash position, tremors, foreign bodies, lesions; evert upper lids as required
- Lacrimal apparatus: tearing, size
- Conjunctiva and sclera: colour, pattern of injection, discharge, edema, haemorrhage, pterygium, foreign body
- Cornea: clarity, abrasions or lacerations, arcus senilis (lipid deposition around cornea), foreign body
- Pupil and iris: colour, size, shape, reactivity to light, accommodation
- Lens: transparency, opacities
- Fundi: red reflex, haemorrhage, optic disc, retinal vasculature
- Extraocular muscles: extra ocular eye movements (EOEM)

Additional Pediatric Considerations

- Visual acuity in children greater than 3 years of age
- Using a tumbling E or picture chart for children over 3 years of age or who cannot read the alphabet
- Most infants are farsighted, gradually gaining acuity as they develop, attaining approximately 20/50 by one year of age, and 20/20 by 6-8 years of age
- Test visual field in older children if concern about glaucoma
- Position and alignment of eyes (strabismus): use corneal light reflex test, cover-uncover test

Palpation

- Palpate the bony orbit, forehead, eyebrows, eyelids, lacrimal apparatus, and pre-auricular lymph nodes for tenderness, swelling or masses
- *Do not palpate globe if rupture injury is suspected or if the client has undergone recent eye surgery.*

Physical Assessment of the Ears, Nose, and Throat

Safety Tip: For examination, it may be necessary to hold and support a struggling child. For example, lay the child in a supine position and have the parent or caregiver hold the child's arms extended, in a position close to the sides of the head. This will limit side-to-side movements while you are examining ENT structures. Brace the otoscope, and guard against sudden head movements.

Never restrain a child assuming the tripod position (sitting up and leaning forward) for exam purposes. This may add to their anxiety creating severe respiratory distress.

Ears

Inspection

- Pinna: lesions, abnormal appearance/position, skin covering mastoid process, redness/swelling behind pinna, gently pull the pinna forward
- Canal: discharge, swelling, redness, wax, foreign bodies
- Tympanic membrane: colour, light reflex, landmarks, bulging/retraction, perforation, scarring, air bubbles, fluid level
- Assess with whisper test
- If whisper test fails, perform Weber and Rinne tests with a 512-hertz tuning fork

Additional Pediatric Considerations

- Exterior ear: position (in relation to eyes), low set or small, deformed auricles may indicate associated congenital defects
- Tympanic membrane: check mobility using a pneumatic otoscope
- Estimate hearing by producing a loud noise (e.g., by clapping hands) for an infant or young child (which should elicit a blink response) or by performing a watch or whisper test for an older child
- *Clinical tip:* for the best view of the eardrum in an infant or child less than three years old, pull the outer ear upward, outward and backward

Palpation

- Tenderness over tragus or on manipulation of pinna
- Tenderness on tapping of mastoid process
- Size and tenderness of pre, post auricular and occipital nodes

Nose and Sinuses**Inspection**

- External: inflammation, deformity, discharge, or bleeding
- Internal: colour of mucosa, edema, deviated or perforated septum, polyps, bleeding
- Observe nasal versus mouth breathing

Palpation

- Sinus and nasal tenderness (adults, and only in children who can cooperate and provide a response)

Percussion

- Sinus and nasal tenderness (adults, and only in children who can cooperate and provide a response)

Mouth and Throat**Inspection**

- Lips: colour, lesions, symmetry
- Oral cavity: breath odour, colour, lesions in buccal mucosa
- Teeth and gums: redness, swelling, cavities, bleeding
- Tongue: colour, texture, lesions, tenderness of floor of mouth
- Throat and pharynx: colour, exudates, uvula, tonsillar symmetry and enlargement, masses

Additional Pediatric Considerations

- Koplik's spots
- A tonsil grade of +2 is normal up to 12 years of age

Neck**Inspection**

- Symmetry
- Swelling
- Masses

- Active range of motion
- Thyroid enlargement

Palpation

- Tenderness, enlargement, mobility, contour and consistency of nodes and masses
 - Nodes: Pre- and post-auricular, occipital, tonsillar, submandibular, submental, anterior and posterior cervical, supraclavical
- Thyroid: size, consistency, contour, position, tenderness
- Parotid: tenderness (diffuse versus discrete), enlargement, mobility, contour and consistency of nodes and masses

Physical Assessment of the Cardio-Respiratory System

Inspection

- Colour, cyanosis
- Shape of chest
- Symmetry of chest movement
- Rate, rhythm and depth of respiration, respiratory distress
- Intercostal indrawing
- Use of accessory muscles
- Precordium: visible pulsations
- Chest wall scars, bruising, signs of trauma
- Jugular venous pressure
- Colour of conjunctiva
- Extremities
- Hands: edema, cyanosis, clubbing, nicotine stains, cap refill greater than 2 seconds
- Feet and legs:
 - Changes in foot colour with changes in leg position (blanching with elevation, rubor of dependency)
 - Ulcers, edema (check sacrum if client is bedridden)
 - Colour (pigmentation, discolouration)
 - Distribution of hair
 - Varicose veins
- Skin: rashes, lesions, xanthomas

Additional Pediatric Considerations

- Anxious appearance or respiratory distress
 - Acrocyanosis may be normal in infants <1 month
- Shape of chest
 - An infant's chest is barrel shaped slowly becoming adult-like by 6 years
- Tripoding, nasal flaring, drooling, grunting
- Tracheal tug
- Precordium: visible pulsations may be normal
- Tingling
- Leg cramps or pain at rest

- Rashes or eczema
- Audible grunting, wheezing
- Hands: cap refill (<3 seconds)

Palpation

- Tracheal position (midline)
- Chest wall tenderness or crepitus
- Respiratory excursion
- Tactile fremitus
- Spinal abnormality
- Lymph nodes (axillary, supraclavicular, cervical)
- Masses
- Apical beat:
 - Point of maximal impulse (PMI) normally located at the fifth intercostal space, mid-clavicular line
 - Assess quality and intensity of apical beat
 - Apical beat may be laterally displaced, which indicates cardiomegaly
- Identify and assess pulsations and thrills
- Hepatomegaly, right upper quadrant (RUQ) tenderness
- Assess peripheral pulses: radial, brachial, femoral, popliteal, posterior tibial, dorsalis pedis
 - Check for synchrony of radial and femoral pulses
- Edema: pitting (grade 1 to 4) and level (how far up the feet and legs the edema extends); sacral edema

Additional Pediatric Considerations

- Not as useful in children less than 3 years
- Spinal abnormality
- Apical beat:
 - Point of maximum impulse (PMI) in infants and toddlers at the fourth intercostal space and just left of the midclavicular line
 - PMI in child 7 years and older is at fifth intercostal space and just right of midclavicular line

Percussion of Lung Fields

- Resonance
 - Increased resonance over hyperinflated areas
 - Dullness to percussion over areas of consolidation
 - Location and excursion of the diaphragm

Additional Pediatric Considerations

- Useful in children greater than 2 years

Auscultation of Lungs

- Listen for sounds of normal air entry before trying to identify abnormal sounds
- Degree of air entry throughout the chest (should be equal)
- Quality of breath sounds (e.g. bronchial, bronchovesicular, vesicular)
- Ratio of inspiration to expiration

- Adventitious sounds:
 - Wheezes (rhonchi), crackles (rales), pleural rub, stridor, decreased breath sounds

Additional Pediatric Considerations

- Broncho-vesicular sounds are heard throughout the peripheral lung field up to 5-6 years
- Transmitted upper airway sounds such as nasal congestion are commonly noted in small children

Auscultation of Heart

- Listen to normal heart sounds before trying to identify murmurs
- Auscultate at aortic, pulmonic, Erb's point, tricuspid and mitral valve
- Attempt to identify:
 - Rate and rhythm
 - S1 and S2 sounds and their intensity
 - Added heart sounds (S3 and S4), rubs, splitting of S2 and relation to respiration
 - Murmur and relation to position
- Auscultate carotid arteries, abdominal aorta, renal arteries, iliac arteries, and femoral arteries for bruits

Additional Pediatric Considerations

- *Note:* 50% of children develop an innocent murmur at some time in their lives

Physical Assessment of the Gastrointestinal and Genitourinary Systems

Abdominal

Inspection

- Abdominal contour, symmetry, scars, dilatation of veins
- Movement of abdominal wall with respiration
- Visible masses, hernias, pulsations, peristalsis
- Guarding and positioning for comfort

Additional Pediatric Considerations

- Abdominal size, shape, & contour
- Any distension or asymmetry (in infancy, abdomen is typically protuberant; in early childhood the abdomen is still protuberant, but flattens when the child is lying down)
- Umbilical hernia of up to 2.5cm may be present up to one year
- Diastasis recti may cause midline bulge (separation of rectus muscles) and usually disappears by early childhood
- Guarding and positioning for comfort (child's behavior can also give very good clues as to the severity of any abdominal pain)
- Ability to mobilize and gait

Auscultation

- Auscultation should be performed *before* percussion and palpation so as not to alter bowel sounds
- Presence, character, and frequency of bowel sounds

Additional Pediatric Considerations

- Presence of bruits (renal, iliac, or abdominal aortic)

Percussion

- Percuss: resonance, tympany, dull, flat
- Liver: define upper and lower borders, measure span
- Spleen: confirm presence of normal resonance over lowest rib interspace in anterior axillary line
- Bladder: identify distension and fullness
- Costovertebral angle (CVA) percussion for tenderness

Additional Pediatric Considerations

- Delineate outline of liver; upper border is in the mid-clavicular line, between the fourth and sixth intercostal spaces; upper limit of liver span ranges from 8cm at 5 years of age to 13cm at puberty

Palpation

- Palpation is performed with the client lying supine, with hands by the sides and relaxed
- The client's abdomen must be completely exposed
- Examine all four quadrants in succession
- Start with the painless areas, and palpate the painful area last

Additional Pediatric Considerations

- Ideally, palpation is performed with the child lying supine, with hands by the sides and relaxed
- For some children, having them in their parents lap may be an acceptable alternate
- In reality, it must sometimes be done on the run
- Be sure your hands are warm
- The child's abdomen must be completely exposed

Light Palpation (perform first)

- Tenderness, muscle guarding, rigidity
- Superficial organs or masses

Additional Pediatric Considerations

- Watch child's facial expressions

Deep Palpation

Note: Deep palpation can be conducted by nurses who hold a Remote Nursing Certified Practice designation, demonstrating current certification in this practice.

- Assess for abdominal guarding, tenderness, or rigid abdomen
- Feel for organs:
 - Liver: assess size, tenderness, smooth or irregular border, firmness or hardness
 - Spleen: assess for enlargement, tenderness, consistency
 - Kidney: assess for tenderness, enlargement
 - Bladder: assess for distension, tenderness
- Masses: location, size, shape, mobility, tenderness, movement with respiration, pulsation, hernias (midline, incisional groin)
- Assess for rebound tenderness (pain that occurs upon suddenly releasing the hand after deep palpation), which indicates peritoneal irritation

- Assess for referred tenderness (pain that is felt in an area distant to the area being palpated), which can be a clue to the location of the underlying disease
- Inguinal and femoral lymph nodes: enlargement, tenderness
- Femoral pulses

Abdominal Examination, Peripheral areas

- Spider nevi on face, neck or upper trunk, palmar erythema, Dupuytren's contracture, clubbing of fingers

GU System – Male

Inspection

- Penis, scrotum, and pubic area: inflammation, discharge, lesions, swelling, asymmetrical changes in hair distribution, nits, warts, position of urethral opening
- Rectum: lesions, discharge, swelling, haemorrhoids
- Inguinal and femoral areas for hernia

Palpation

- Penis: tenderness, induration, nodules, lesions
- Testes and scrotal contents: size, position, atrophy of testes, tenderness, swelling, warmth, masses, hydrocele
- Superficial inguinal ring for hernia
- Cremasteric reflex

Additional Pediatric Considerations

- Foreskin (retractable by 3 years of age)
- Testes are usually descended by one year

GU System – Female

Inspection

- External genitalia: labia majora and labia minora: lesions, ulcerations, masses, induration, and areas of different colour, hair distribution
- Perineum: lesions, ulcerations, masses, induration, scars
- Clitoris: size, lesions, ulcerations
- Urethra: discharge, lesions, ulcerations
- Vagina: speculum exam – inflammation, atrophy, discharge, lesions, ulcerations, masses, induration, nodularity, relaxation of perineum
- Cervix: speculum exam – position, colour, shape, size, consistency of discharge, erosions, ulcerations
- Os: multipara or nullipara

Additional Pediatric Considerations

- Child should be in a supine frog-leg position for examination
- Spread labia by applying gentle traction toward the examiner and slightly laterally to visualize introitus
- If 14 years or older and sexually active, consider a vaginal internal exam

Note: Do not perform an internal vaginal examination on a child less than 14 years, a prepubescent child or an adolescent who is not sexually active.

Palpation

- Skene's and Bartholin's glands: masses, discharge, tenderness
- Cervix: cervical tenderness, bleeding after contact, consistency of cervical tissue
- Uterus: position, size, contour, consistency of uterine tissue, mobility on movement
- Adnexa: ovaries for tenderness, masses, consistency, contour, mobility, pain on movement (Chandelier sign)

Rectal Examination

- For occult blood
- For referred pain
- For masses, haemorrhoids, anal fissures, sphincter tone and others
- Prostate exam in males

Additional Pediatric Considerations

- Anal patency (check this feature only in newborns)

Physical Assessment of the Integument System**Inspection****General Skin Examination**

- Colour
- Temperature, texture, turgor, tenderness
- Dryness or moisture
- Scaling
- Pigmentation
- Vascularity (erythema, abnormal veins)
- Bruises, petechiae
- Edema
- Induration
- Skin folds
- Hair, nails, mucous membranes

Individual Lesions

- Colour
- Type
- Texture
- General pattern of distribution
- Shape of single lesions, including the character of lesion edge (whether raised or flat)
- Joint involvement

Note: Examination of patients with darker skin colour requires awareness that pigmentation influences the colour of the lesion and how certain lesions manifest clinically.

9. Access System Specific Assessment and Diagnostic Guideline

- Refer to system-specific *Assessment and Diagnostic Guidelines* for guidance on physical assessments for each system and diagnostic tests related to conditions that can be managed, treated, and/or diagnosed within the Certified Practice framework.

Resources

**Note. All resources/references noted below will be revised and updated during content revisions.*

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Appendix A

The following are diseases, disorders, and conditions that can be diagnosed, managed, and/or treated by RN(C)s in Remote Nursing and RN First Call (respectively).

Certified Practice Area	Disease, Disorders and Conditions
Remote Practice	<p>May diagnose and treat the following diseases, disorders, and conditions for pediatric and adult clients unless indicated as “adult only”:</p> <ul style="list-style-type: none"> • Eye: conjunctivitis, minor corneal abrasion • Ear/Nose/Throat: acute otitis media, pharyngitis, ceruminosis (adult only), dental abscess (adult only) • Genitourinary: urinary tract infection • Respiratory: acute bronchitis (adult only) • Integumentary: abscess and furuncle (adult only), cellulitis, impetigo, bites • Pain: use of nitrous oxide/oxygen for pain management (adult only)
RN First Call	<p>May diagnose and treat the following diseases and disorders and conditions for pediatric and adult clients unless indicated as “adult only”:</p> <ul style="list-style-type: none"> • Eye: conjunctivitis, minor corneal abrasion • Ear/Nose/Throat: acute otitis media, pharyngitis, dental abscess (adult only) • Urinary Tract: lower urinary tract infection (adult only)

Appendix B

1) Past Medical History

**Note: This is not an exhaustive list of all possible conditions or considerations. RN(C)s are expected to use clinical judgement and clinical reasoning in the event that conditions or considerations are not listed and/or require further assessment.*

a) Past Medical History General Health History: Current or Chronic Health Conditions

- Eyes
 - Eye disease or injury
 - Use of eyeglasses or contact lenses
 - Corrective or cosmetic surgery
 - Change in type of contact lens or solution
 - Exposure to irritants
 - Diagnosis of diabetes, hypertension, chronic renal disease, bleeding disorders, or systemic inflammatory diseases (bowel disease, Reiter's syndrome, Rheumatoid arthritis)
 - Medications (i.e., homatropine, cyclogyl, steroids)
- *Pediatric considerations:**
 - Concerns reported by parent, caregiver, or teacher about child's vision (i.e., squinting, headaches caused by reading)
 - Protective eyewear for sport and other activities
 - School or daycare exposure to contagious organisms
 - Sexual activity, if applicable
- Mental health
 - Fear, embarrassment, anxiety (general or related to chief complaint)
 - Missing school, work, or social functions
 - Self-harm
 - Suicidal ideation
 - Emotional disturbances
 - High stress levels (personal or occupational)
- Neurological
 - Down Syndrome
- Cardiovascular-Respiratory
 - Frequency of colds and respiratory infections
 - Recent viral illness
 - Asthma
 - Bronchitis
 - Pneumonia
 - Chronic obstructive pulmonary disease
 - TB (disease or exposure); date and result of last Mantoux test and x-ray if applicable
 - Cystic Fibrosis



- Cardiac murmurs, valvular disease
- Coronary artery disease
- Angina
- Myocardial infarction
- Hypertension
- Dyslipidemia
- Endocrine
 - Diabetes
 - Pancreatitis
 - Thyroid disorder (hyperthyroidism or hypothyroidism)
- Hepatic
 - Chronic Hepatitis B or C
 - Past history or current hepatitis A
 - Cirrhosis
- Immune system: immunocompromise, autoimmune disorders
 - Rheumatic fever
 - Rheumatoid arthritis
 - Systemic inflammatory disease
 - Lupus
 - Human Immunodeficiency virus
- Gastrointestinal
 - Hiatal hernia
 - Documented H. Pylori
 - Gastroesophageal reflux disease (GERD)
 - Peptic Ulcer disease (PUD)
 - Chronic constipation
 - Irritable bowel syndrome
 - Inflammatory bowel disease
 - Diverticulosis
 - Gallbladder disease
 - Incontinence
- Genitourinary
 - Pelvic inflammatory disease
 - Renal disease (pyelonephritis, recurrent cystitis, renal stones)
 - Congenital structural abnormalities of GU tract
 - Incontinence
 - Catheterizations
 - Vasectomy



- Gynecological procedures

Male considerations:

- Hydrocele, varicocele, spermatocele
- Epididymitis
- Prostatism
- Hernia (inguinal)
- Undescended testis
- Erectile dysfunction
- Testicular torsion

Female considerations:

- Menstrual history: menarche, LMP, interval, regularity, duration and amount of flow, premenstrual syndrome (PMS) symptoms, dysmenorrhea, menopause, postmenopausal bleeding
- Obstetrical history: gravida, term, preterm, abortion, living children (GTPAL), complicated pregnancies and deliveries, infertility

○ Integumentary

- Recent or current viral or bacterial illness
- Photosensitivity
- Hay fever
- Urticaria
- Stevens-Johnson syndrome
- Known methicillin resistant staphylococcus aureus (MRSA) positive
- Seborrheic dermatitis
- Contact dermatitis
- Psoriasis
- Eczema
- Keloid formation
- Sun exposure, tanning beds
- Recent Botox, microdermabrasion and/or chemical peel
- Use of hot tubs, swimming pools
- Tattoos and/or piercings

****Pediatric considerations:***

- Feedings: breast or bottle
- Birth and prenatal history, if age appropriate

○ Ears, nose, and throat

- Nasal polyps
- Chronic sinusitis
- Trauma/surgery to ENT area
- Hearing loss or audiometric screening results indicating hearing loss



- Meniere's disease
- Frequent ear or throat infections
- Use of foreign objects to clean ear
- Use of ear protection
- Frequent immersion of ears in water
- Personal and dental hygiene habits
- Recent air travel and/or scuba diving

****Pediatric consideration:***

- Feeding methods (breast or bottle), bottle propping
- Musculoskeletal
 - Joint pain or swelling
- Communicable diseases
 - Chickenpox (Varicella)
 - Measles
 - Herpes simplex/ Zoster
 - History of sexually transmitted diseases
- Cancer

**** General Pediatric considerations:***

- Birth and prenatal history
- Exposure to substances while in utero

b) Previous Surgeries and Procedures

- Admissions to hospital and/or surgery for specific illness
- Previous procedures/surgeries
- Blood transfusions

c) Best Possible Medication History and Recent Changes

- Prescriptions, contraceptives, hormonal therapy
- Over the counter medications
- Herbal preparations, vitamins, minerals, supplements, traditional therapies
- Medication, dose, frequency
- Changes to medication, dose, or frequency

d) Allergies

- Seasonal
- Environmental
- Medication
- Food
- Animal

e) Immunizations and Health Maintenance

- Pneumococcal
- Annual influenza
- Measles, mumps, rubella
- Shingles
- Tetanus
- Hepatitis A and B
- HPV

f) Reproductive Health History

- Screening and results
 - Pap/cervical
 - Human Papilloma virus
- Pregnancy history (risk, intent, or current)
- Emergency contraception
- Menses
- Date of last menstrual period

2) Pertinent Personal and Social History

a) Environment, Exposures, Employment and Educational Attainment

- Healthcare occupation
- Institutional environment
- Exposure to irritants (chemical agents, sanitation agents, cigarette smoke, wood smoke, mould)
- UV light
- Contagious organisms (e.g., conjunctivitis)
- Recent insect bite/sting (e.g., bee, tick, mosquito)
- Exposure to new substances (e.g., soaps, goods, plants)
- Use of hot tubs, swimming pools

b) Living Environment

- Sanitation
- Drinking water
- Hot or humid environment
- Crowded living conditions
- Institutional living

c) Substance Use: Alcohol, Nicotine, Vaping, Chewing Tobacco, Cannabis, Illicit Substances

- Amount
- Duration
- Last use

d) Sexual History/Activity

- Sexual partners (one or multiple, sites of exposure, gender, and most recent sexual contact)



- Symptomatic sexual partner
- Risk behaviors (unprotected oral, anal, or vaginal intercourse, multiple partners)
- Sexual or physical assault
- Sexually transmitted infection testing and results
- Regularity of menses
- Testicular health/self-testicular exams

e) Recent travel or immigration

f) Diet and Weight

- Restrictions/ foods avoided
- Recent changes
- Obesity
- Anorexia
- Bulimia
- Sudden weight loss or weight gain that is not deliberate
- Exercise

g) Use of Assistive Devices

- Eyeglasses, contact lenses, mobility aids, hearing aids

3) Pertinent Family History

a) Inherited or Genetic Conditions

- Allergies, Atopy

b) Pertinent Family Health History

- Eyes
 - Visual disorders (e.g., glaucoma, cataract, blindness)
 - Systemic inflammatory diseases (e.g., arthritis, lupus, inflammatory bowel disease)
 - Others with eye infections
- Cardiovascular-Respiratory
 - Asthma
 - Lung cancer
 - TB
 - Cystic fibrosis
 - Bronchitis
 - Heart disease: hypertension, ischemic coronary artery disease, MI (especially in family members under 50 years of age), sudden death from cardiac disease, dyslipidemia, hypertrophic cardiomyopathy

***Pediatric considerations:**

- Family history of sudden infant death
- Integument



- Seborrheic dermatitis
- Psoriasis
- Skin cancer
- Atopic dermatitis
- Autoimmune disorders
- GU-GI
 - Food poisoning
 - GERD, PUD
 - Gallbladder disease
 - Polyps
 - Renal disease (renal cancer, polycystic kidneys, renal stones)
 - Urinary tract infections
 - Household contact with hepatitis A or B
 - Household contact with gastroenteritis, recent GI infections
- Endocrine
 - Diabetes
 - Pancreatitis
- Other
 - Systemic inflammatory diseases (e.g., arthritis, lupus, inflammatory bowel disease)

Appendix C

Review of Systems	
General	Fever, chills, malaise, change in weight, fatigue/energy, night sweats, sleep, appetite
Integumentary (Skin/Hair/Nails)	Rash, eruptions, itching, pigment changes, hair loss, change in texture, abnormal hair growth
Head and Neck	Headaches dizziness, head injury, Level of Consciousness (LOC), pain, syncope Pain, swelling, lymphadenopathy, increasing headache or pain associated with flexing of the neck <i>Pediatric Considerations:</i> Head lag
Eyes	Blurred vision, diplopia, pain, infection, trauma, last vision test, recent changes in vision, vision loss including loss of peripheral vision, halos around lights, floaters, flashes of lights, headache, sensation of pressure behind the eye, irritation, foreign-body sensation, photophobia, lacrimation, itching, eye discharge
Ears	Hearing loss, tinnitus, pain, discharge, vertigo, environmental exposure to noise, recent changes to hearing, itching, earache, ear trauma, cotton swab use <i>Pediatric Considerations:</i> Rubbing their ears, ear tags
Nose and Sinuses	Congestion, epistaxis, postnasal drip, change in smell, discharge Rhinitis, obstruction of airflow, sinus pain or sinus headache, nasal itching, anosmia, nasal trauma, sneezing <i>Pediatric Considerations:</i> Nasal discharge or postnasal drip, foreign body
Mouth and Throat	Hoarseness, sore throat, bleeding gums, ulcers, dentition, last dental visit, dysphagia, change in taste, oral lesions, changes to the tongue (i.e., color, bleeding or lesions), sore throat, uvula displacement, dysphagia, exudate, pain, dry mouth, loss of taste, cheilitis <i>Pediatric Considerations:</i> Koplik spots (found in oral mucosa), cleft lip or palate
Gastrointestinal	Heartburn, nausea, vomiting, change in bowel habits, usual pattern, hemorrhoids, hematochezia, flatulence, bloating, pain
Breasts and Lymphatics	Tenderness, lumps, nipple discharge, rashes/skin changes, enlarged or tender lymph nodes, last mammogram
Endocrine (Hypothalamus, pituitary gland, thyroid, parathyroid, adrenal glands,	Heat/cold intolerance, weight changes, polydipsia, polyuria

pineal body, ovaries and testes, pancreas)	
Reproductive	LMP, GTPALM, menses, sexual activity, libido, contraception, risk behavior, menopause, puberty, erections, testicular pain, sexual activity
Respiratory	Cough, sputum, Shortness of Breath (SOB), Shortness of Breath on Exertion (SOBOE), night sweats, orthopnea (SOB when lying flat), Paroxysmal Nocturnal Dyspnea (PND), attacks of severe SOB and/or coughing that occur at night, hemoptysis (coughing up blood), environmental exposure to toxins or disease
Cardiovascular and Peripheral Vascular	Chest pain, palpitations, dizziness, cyanosis/pallor, fatigue, edema, varicosities, claudication, exercise intolerance, orthopnea, easy bruising
Genitourinary	Dysuria, frequency, urgency, flank pain, nocturia, hematuria, incontinence
Musculoskeletal	Pain, heat, swelling, deformity, crepitus, use of devices (e.g., cane, walker)
Neurological	Loss of consciousness, weakness, numbness and tingling, loss of coordination, balance
Mental Health	Concentration, mood changes, socialization, suicidal thoughts