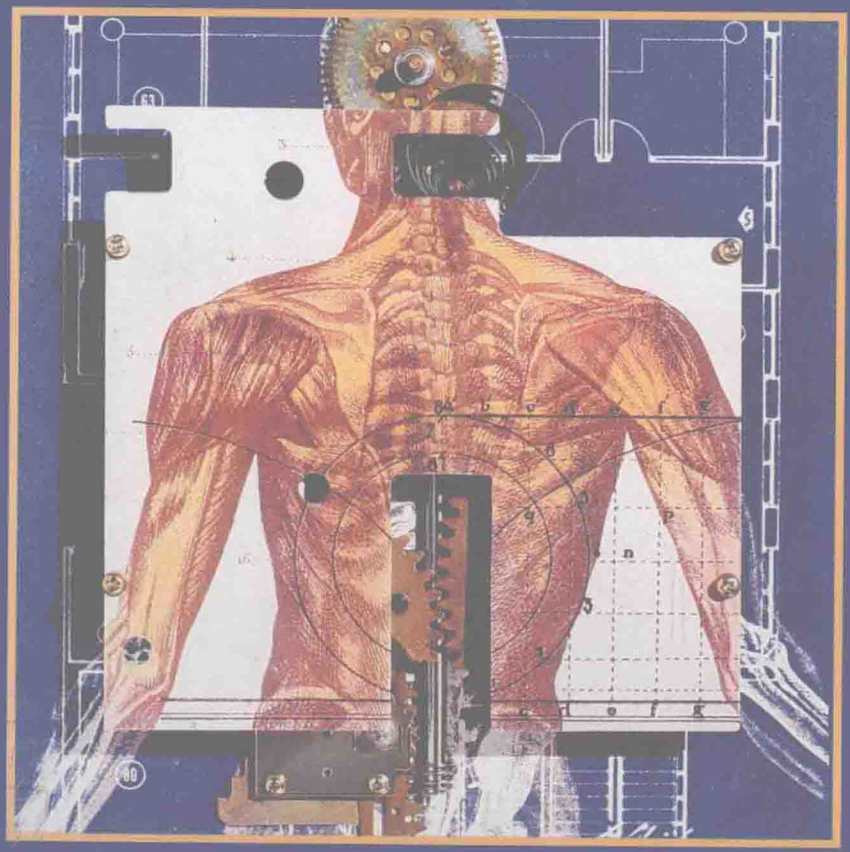
SECOND EDITION

PROFESSIONAL GUIDE TO

SIGNS & SYMPTOMS



- HISTORY AND PHYSICAL EXAMINATION
- CAUSES
- ASSOCIATED FINDINGS
- EMERGENCY INTERVENTIONS

SPRINGHOUSE

SECOND EDITION

PROFESSIONAL GUIDE TO

SIGNS & SYMPTOMS

Springhouse Corporation
Springhouse, Pennsylvania

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Printed in the United States of America.
PGSS2-010896

A member of the Reed Elsevier plc group

Library of Congress Cataloging-in-Publication Data
Professional guide to signs & symptoms.
p. cm.
Includes bibliographical references and index.
1. Symptomatology – Handbooks, manuals, etc. I. Springhouse Corporation. II. Title: Professional guide to signs and symptoms.
[DNLM: 1. Diagnosis – handbooks. 2. Nursing Assessment – methods – handbooks. WY 39 P964]
RC69.P77 1997
616.047 – dc20
DNLM/DLC 96-69114
ISBN 0-87434-856-0 CIP

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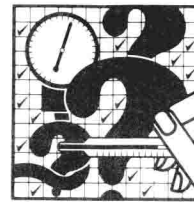

Foreword

The *Professional Guide to Signs & Symptoms,* Second Edition, is a useful tool for patient evaluation. I have used this book in my clinic to determine its utility in evaluating about 50 patients with diverse conditions, primarily infectious disorders. Almost all had signs or symptoms that I readily located in the *Professional Guide to Signs & Symptoms.* The differential diagnoses were comprehensive; I readily identified potential emergencies and, as a plus, was able to provide my patients with copies of the book's patient-teaching aids, which are clearly written in layman's language.

Whether you're a nurse, nurse practitioner, or doctor, you'll be surprised at the book's ease of use and the depth of information that's been presented clearly and succinctly. Sometimes, the book is simply reassuring because it reinforces conclusions already drawn; many times, it indicates diagnoses, tests, or treatments that might be overlooked by the busy practitioner. This second edition will be a welcome addition to the field.

For the health professional who wants a quick review of a subject, the *Professional Guide to Signs & Symptoms,* Second Edition, is a good place to start. For the health professional who wants to provide efficient patient management in an increasingly complex medical setting, it's a blessing.

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Introduction

You probably know health care professionals who can recognize a new sign or symptom in virtually any patient and can quickly pinpoint its probable cause. They always seem to know just what to look for and just what their findings may mean. This skill and understanding is becoming increasingly important for maintaining your professional status. Why? An important reason is the impact of sweeping changes in our health care system. With managed care cost-containment policies, ever-increasing demands on your time, and growing numbers of gravely ill patients, you're constantly pressed to expand the scope of your duties. And that means improving your present skills and acquiring new ones.

To meet these challenges confidently and provide the best possible patient care, you need comprehensive information on how to recognize and interpret even the most subtle indicators of disease. You also need to know what to explore after you've identified a sign or symptom – and, if necessary, how to respond to prevent or contain complications. And, of course, you need to know what a sign or symptom may forecast about a patient's condition.

The *Professional Guide to Signs & Symptoms* puts this body of knowledge at your fingertips. Now in its second edition, this handy reference thoroughly covers more than 300 signs and symptoms, ranging from common indicators of disease, such as fever and vomiting, to less common but still significant indicators, such as nystagmus and tracheal deviation. What's more, the text is arranged alphabetically to help you locate any sign or symptom quickly.

Each sign or symptom is covered in a standard format, beginning with an introduction that defines and describes the sign or symptom, discusses its significance and incidence, and summarizes its possible causes. For an elicited sign, such as Kernig's sign, the introduction also describes the technique for evoking a response.

From here on, the arrangement of each entry reflects your probable thinking when faced with the patient's problem. If the sign or symptom can portend a life-, limb-, or organ-threatening disorder, you'll find the *Emergency interventions* section highlighted by a special graphic symbol. These preliminaries are followed by the *History and physical examination* section, which provides step-by-step guidance for exploring the patient's complaint.

The next section, *Medical causes,* concisely lists disorders that can produce the sign or symptom. When appropriate, this section first characterizes the sign or symptom in each disorder according to its severity, onset, location, duration, or aggravating and alleviating factors. Then, it describes other signs and symptoms that a patient with the disorder is likely to have. Additional causes of the sign or symptom – such as drugs, diagnostic tests, and surgery – appear next, under *Other causes.*

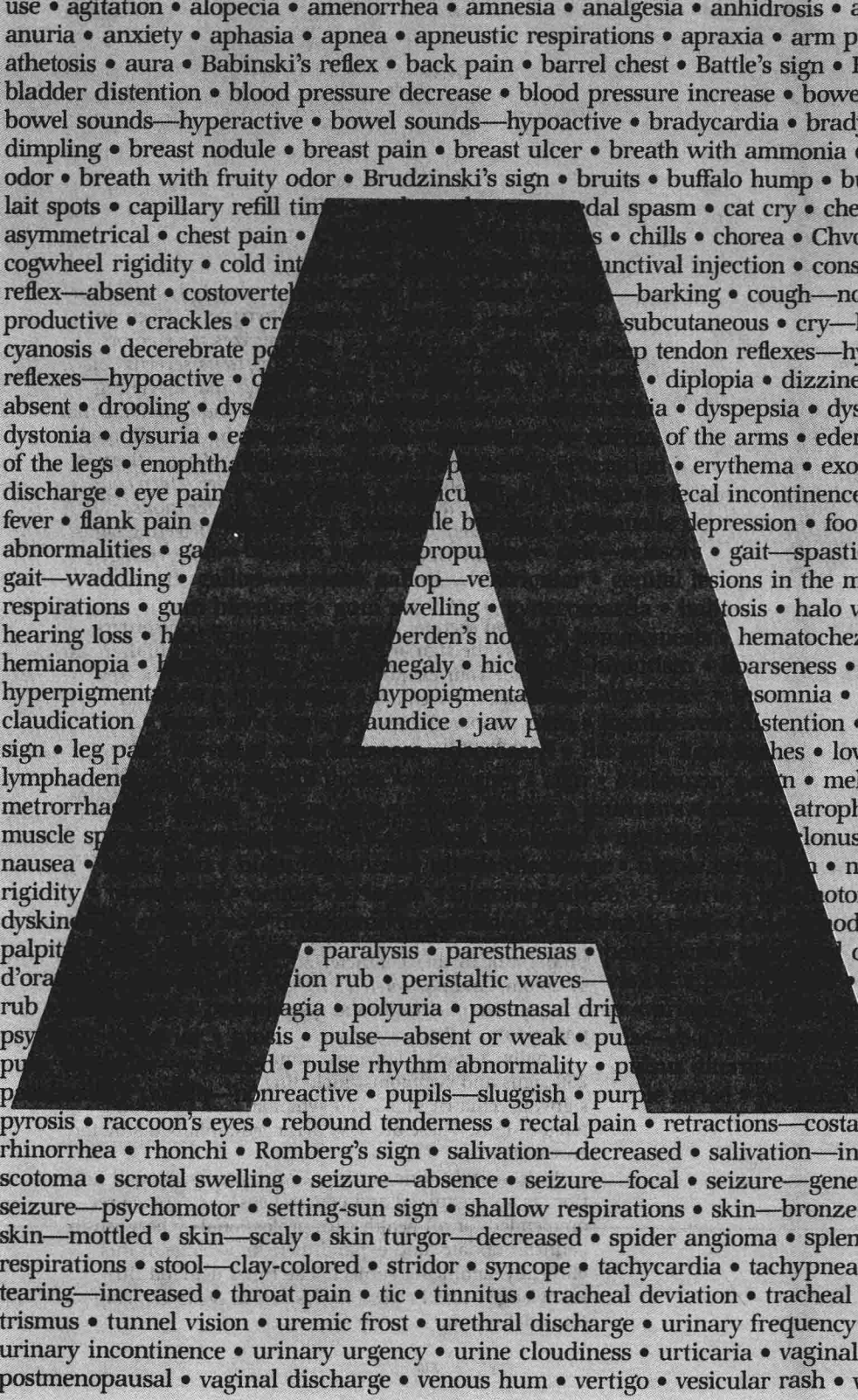
The section that follows, *Special considerations,* discusses pertinent patient care measures – detecting signs of complications, promoting comfort, and providing treatment. This section also reviews diagnostic tests the patient may undergo.

The final section, *Pediatric pointers,* lists disorders that cause the sign or symptom primarily in children. To help guide your examination, it also alerts you to key differences between adult and pediatric patients in a sign or symptom's meaning or severity.

Throughout the book, you'll find numerous charts, graphs, and illustrations that provide important background information or clarify difficult points. For example, graphically highlighted charts help you quickly match evaluation findings with possible causes for abdominal pain, dyspnea, hematuria, and many more signs and symptoms. In addition to highlighted *emergency interventions,* you'll find *examination tips* that reveal special techniques or information that can help you pinpoint or further characterize a particular sign or symptom. And *patient-teaching aids* provide instructions that you can photocopy and give to patients to help them participate in their own care.

Finally, a special appendix summarizes an additional 250 signs and symptoms, including infrequently elicited signs, psychiatric signs and symptoms, and nail and tongue signs. These are also arranged alphabetically for ease of use.

Professional Guide to Signs & Symptoms, Second Edition, is an organized and comprehensive reference recommended for all health care professionals who wish to confirm, update, and expand their knowledge of this clinically significant subject. The times demand this knowledge – and *Professional Guide to Signs & Symptoms* delivers it.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anuria • anxiety • aphasia • apnea • apneustic respirations • apraxia • arm
athetosis • aura • Babinski's reflex • back pain • barrel chest • Battle's sign •
bladder distention • blood pressure decrease • blood pressure increase • bowe
bowel sounds—hyperactive • bowel sounds—hypoactive • bradycardia • brad
dimpling • breast nodule • breast pain • breast ulcer • breath with ammonia
odor • breath with fruity odor • Brudzinski's sign • bruits • buffalo hump • b
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seizure—psychomotor • setting-sun sign • shallow respirations • skin—bronze
skin—mottled • skin—scaly • skin turgor—decreased • spider angioma • splen
respirations • stool—clay-colored • stridor • syncope • tachycardia • tachypnea
tearing—increased • throat pain • tic • tinnitus • tracheal deviation • tracheal
trismus • tunnel vision • uremic frost • urethral discharge • urinary frequency
urinary incontinence • urinary urgency • urine cloudiness • urticaria • vaginal
postmenopausal • vaginal discharge • venous hum • vertigo • vesicular rash •

Contents

Abdominal Distention

Abdominal distention refers to increased abdominal girth—the result of increased intraabdominal pressure forcing the abdominal wall outward. Distention may be mild or severe, depending on the amount of pressure. It may be localized or diffuse and may occur gradually or suddenly. Acute abdominal distention may signal life-threatening peritonitis or acute bowel obstruction.

Abdominal distention results from accumulation of fluid or gas (or both) within the lumen of the gastrointestinal (GI) tract or peritoneal cavity. Both fluid and gas are normally present in the GI tract, but not in the peritoneal cavity. However, if fluid and gas are unable to pass freely through the GI tract, abdominal distention occurs. In the peritoneal cavity, distention may reflect acute bleeding, accumulation of ascitic fluid, or air from perforation of an abdominal organ.

Abdominal distention doesn't always signal pathology. For example, in anxious patients or those with digestive distress, localized distention in the left upper quadrant can result from aerophagia—the unconscious swallowing of air. Generalized distention can result from ingestion of fruits or vegetables with large amounts of unabsorbable carbohydrates, such as legumes, or from abnormal food fermentation by microbes.

Emergency interventions

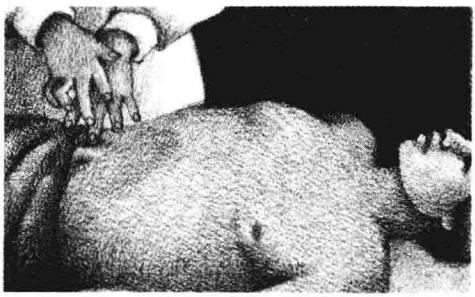
If the patient displays abdominal distention, quickly check for signs of hypovolemia, such as pallor, diaphoresis, hypotension, and a rapid, thready pulse. Ask the patient if he's experiencing severe abdominal pain or difficulty breathing. Find out about any recent accidents and observe the patient for signs of trauma and of peritoneal bleeding, such as a bluish tinge around the umbilicus (Cullen's sign). Then auscultate all abdominal quadrants, noting rapid and high-pitched, diminished, or absent bowel sounds. (If you don't hear bowel sounds immediately, listen for at least 5 minutes.) *Gently* palpate the abdomen for rigidity. Remember that deep or extensive palpation may increase pain.

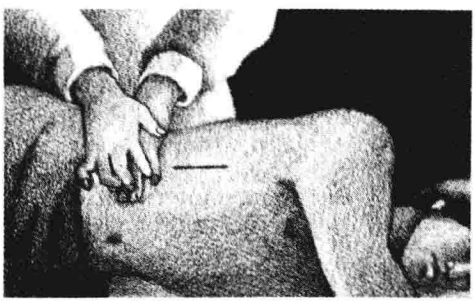
If you detect abdominal distention, pain, and rigidity along with abnormal bowel sounds, begin emergency interventions. Place the patient in a supine position, administer oxygen, and insert an I.V. line for fluid replacement. Prepare to insert a nasogastric tube to relieve acute intraluminal distention.

DETECTING ASCITES

To differentiate ascites from other causes of distention, check for shifting dullness, fluid wave, or puddle sign, as described here:

Shifting dullness
Step 1. With the patient supine, percuss from the umbilicus outward to the flank. Draw a line on the patient's skin to mark the change from tympany to dullness.





Step 2. Turn the patient onto his side, which causes ascitic fluid to shift. Percuss again and mark the change from tympany to dullness. Any difference between these lines can indicate ascites.

Fluid wave
Have another person press deeply into the patient's midline to prevent vibration from traveling along the abdominal wall. Place one of your palms on one of the patient's flanks. Strike the opposite flank with your other hand. If you feel the blow in the opposite palm, ascitic fluid is present.

Puddle sign
Position the patient on his elbows and knees, which causes ascitic fluid to pool in the most dependent part of the abdomen. Percuss the abdomen from the flank to the midline. The percussion note becomes louder at the edge of the puddle, or ascitic pool.

Reassure the patient and prepare him for surgery.

History and physical examination

If the patient's abdominal distention isn't acute, ask about the onset and duration of distention and its associated signs. The patient with localized distention may report a sensation of pressure, fullness, or tenderness in the affected area. The patient with generalized distention may report a bloated feeling, a pounding heart, and difficulty breathing deeply or when lying flat.

The patient may also feel unable to bend at his waist. Be sure to ask about abdominal pain, fever, nausea, vomiting, anorexia, altered bowel habits, and weight gain or loss.

Obtain a medical history, noting GI or biliary disorders that may cause peritonitis or ascites, such as cirrhosis, hepatitis, or inflammatory bowel disease. Also note chronic constipation. Has the patient recently had abdominal surgery, which might lead to abdominal distention? Also ask about recent accidents, even minor ones, like falling off a stepladder.

Next, perform a physical examination. Stand at the foot of the bed and observe the recumbent patient for abdominal asymmetry to determine if distention is localized or generalized. Then assess abdominal contour by stooping at his side. Inspect for tense, glistening skin and bulging flanks, which may indicate ascites. Note the umbilicus. An everted umbilicus may indicate ascites or umbilical hernia. An inverted umbilicus may indicate gas distention; it's also common in obesity. Inspect the abdomen for signs of inguinal or femoral hernia and for incisions that may point to adhesions. Both may lead to intestinal obstruction. Then auscultate for bowel sounds, abdominal friction rubs (indicating peritoneal inflammation), and bruits (indicating an aneurysm). Listen for succussion splash—a splashing sound normally heard in the stomach when the patient moves or when palpation disturbs the viscera. However, an abnormally loud splash indicates fluid accumulation, suggesting gastric dilatation or obstruction.

Next, percuss and palpate the abdomen to determine if distention results from air, fluid, or both. A tympanic note in the left lower quadrant suggests an air-filled descending or sigmoid colon. A tympanic note throughout a generally distended abdomen suggests an air-filled peritoneal cavity. A dull percussion note throughout a generally distended abdomen suggests a fluid-filled peritoneal cavity. Remember that obesity also causes a dull note throughout the abdomen.

Palpate the abdomen for tenderness, noting if it's localized or generalized. Finally, measure abdominal girth for a baseline. Mark the flanks with a felt-tipped pen as a reference for subsequent measurements.

Medical causes

- ***Abdominal cancer.*** Generalized abdominal distention may occur when the cancer—most often, an ovarian or pancreatic tumor—produces ascites. Shifting dullness and a fluid wave accompany distention. Associated signs and symptoms may include severe abdominal pain, an abdominal mass, anorexia, jaundice, GI hemorrhage (hematemesis or melena), dyspepsia, and weight loss that progresses to muscle weakness and atrophy.
- ***Abdominal trauma.*** When brisk internal bleeding accompanies trauma, abdominal distention may be acute and dramatic. Associated signs of this life-threatening disorder include abdominal rigidity with guarding, decreased or absent bowel sounds, vomiting, tenderness, and abdominal bruising. Pain may occur over the trauma site, or over the scapula if abdominal bleeding irritates the phrenic nerve. Signs of hypovolemic shock, such as hypotension and rapid, thready pulse, will appear with significant blood loss.
- ***Bladder distention.*** Various disorders

ABDOMINAL DISTENTION: CAUSES AND ASSOCIATED FINDINGS

CAUSES	MAJOR ASSOCIATED SIGNS AND SYMPTOMS									
	Abdominal mass	Abdominal pain	Abdominal rigidity	Anorexia	Bowel sounds—absent	Bowel sounds—hyperactive	Bowel sounds—hypoactive	Constipation	Diarrhea	
Abdominal cancer	●	●		●						
Abdominal trauma		●	●		●		●			
Bladder distention	●									
Cirrhosis		●		●				●	●	
Congestive heart failure		●								
Gastric dilatation (acute)		●			●		●			
Irritable bowel syndrome		●						●	●	
Large-bowel obstruction		●				●		●		
Mesenteric artery occlusion (acute)		●	●	●	●			●	●	
Nephrotic syndrome				●						
Ovarian cysts	●	●								
Paralytic ileus		●			●		●	●		
Peritonitis		●	●		●		●			
Small-bowel obstruction		●				●		●		
Toxic megacolon (acute)		●			●		●			