



## Breast and Pelvic Exam Checklists

Breast Examination Checklist		
Introduction, communication skills, and preparing for the exam	Action Completed	
1. Introduce yourself to the patient (title and name)		
2. Explain the examination procedure to the patient and offer gown		
3. Obtain a complete breast history <ul style="list-style-type: none"> <li>a. Patient concerns regarding breast health, including any self-detected abnormalities</li> <li>b. Risk factors for breast cancer including: timing of menses, number of pregnancies, age at pregnancy, timing of menopause, alcohol use, history of radiation therapy</li> <li>c. Family history of breast cancer</li> <li>d. Personal screening history for breast cancer (mammogram)</li> <li>e. History of breast biopsy/procedures</li> <li>f. Personal history of cancer</li> </ul>		
4. Calculate a Gail score on all women over age 35. Calculator can be accessed at <a href="http://www.cancer.gov/bcrisktool">www.cancer.gov/bcrisktool</a>		
5. Obtain verbal consent for breast exam from patient		
6. Discuss the importance of breast self-awareness with patient. Specifically, women should be aware of their normal breast anatomy, and should alert their providers if they notice any changes in their breasts. (NOTE: <u>Instructing women to perform monthly self breast exams has not been shown to be beneficial and may cause harm, so it is not recommended</u> )		
7. Ensure patient is given privacy to change into gown and properly draped. Instruct patient to remove bra and leave gown open in front.		
8. Ensure an approved female chaperone is present		
9. Cleanse your hands		
Conducting the exam	Left Side	Right Side
10. Ensure continuous communication during the exam explaining each step of the exam		
11. Use neutral language avoiding terms that may have even a slight negative connotation (remembering the sensitive nature of the exam).		
12. Ask patient to assume sitting position with hands on hips		
13. Ask patient to remove gown so provider can visually inspect for abnormalities in breasts to include: asymmetry, skin dimpling, puckering, nipple discharge, lesions		
14. If gown is loose, cover both breasts to palpate lymph nodes: axilla can be accessed through arm of gown or through the opening in the gown. If gown will not allow this, drape one breast and uncover the other breast to access the ipsilateral axilla. Regardless of patient's gown, hold her arm at 45°, ensuring elbow and muscles are relaxed		
15. Palpate axilla for palpable lymph nodes, noting any enlarged/firm/tender nodes using finger pads		



Conducting the exam (continued)	Left Side	Right Side
16. Palpate supraclavicular region for palpable lymph nodes using finger pads		
17. Assist patient into supine position and only expose one breast at a time		
18. Ask patient to place her arm above head on the on the side of exposed breast		
19. Place rolled sheet or towel to facilitate flattening of exposed breast if required		
20. Palpation: <ul style="list-style-type: none"> <li>a. Use the vertical strip method</li> <li>b. Use the pads of the fingers</li> <li>c. Examine the full area of the breast, from the mid-axillary line to the sternum including the nipple (avoid squeezing nipple to express discharge)</li> <li>d. Use light, medium, and deep pressure in all areas of breast tissue to palpate for masses</li> <li>e. Spend <u>a minimum of 3 minutes</u> per breast (time may vary depending on breast size and patient history)</li> </ul>		
21. Ensure the patient is given privacy to change out of her gown.		
22. Discuss exam results with patient and answer any questions she may have.		



<b>Pelvic Examination Checklist</b>	
Introduction, communication skills, and preparing for the exam	Action Completed
1. Introduce yourself to the patient (title and name)	
2. Explain the examination procedure to the patient and offer her a gown	
3. Obtain a complete obstetric/gynecologic history prior to having the patient change into gown. <ul style="list-style-type: none"> <li>a. Menstrual history</li> <li>b. Obstetric history</li> <li>c. Sexual history</li> <li>d. Type of contraception, past and current (if appropriate)</li> <li>e. Current symptoms or history of pelvic, vaginal, or vulvar infections – vaginal discharge, vulvar or vaginal lesions, fever, pelvic pain, abnormal genital tract bleeding, prior sexually transmitted infections or pelvic inflammatory disease (diagnosis, frequency, and treatment)</li> <li>f. Cervical cytology (Pap test) history – date and result of last test; diagnosis and follow-up of abnormal Pap test</li> <li>g. History of other gynecologic problems, such as ovarian cysts, uterine fibroids, infertility, endometriosis, or polycystic ovarian syndrome - mode of diagnosis and treatment</li> <li>h. Symptoms of pelvic organ prolapse or urinary or anal incontinence</li> <li>i. History of gynecologic procedures (eg, endometrial biopsy, laparoscopy, hysterectomy) – date, indication, complications</li> <li>j. Screening for intimate partner violence, sexual abuse, and military sexual trauma.</li> </ul> Reference: Carusi, D. A., Goldstein, D. P. (2012). The gynecologic history and pelvic examination. Retrieved from UpToDate.com on 14 May, 2012.	
4. Obtain consent for pelvic exam from patient	
5. Allow patient to empty her bladder	
6. Ensure patient is given privacy to change into gown and properly draped. Place sheet over patient's lap.	
7. Ensure an approved female chaperone is present	
8. Cleanse your hands	
9. Ensure supplies and equipment are in the exam room before starting the exam	
10. Put on non-sterile exam gloves	
11. Ensure continuous communication, explaining each step of the exam.	
12. Use neutral language avoiding terms that may have even a slight negative connotation (remembering the sensitive nature of the exam).	



Conducting the pelvic exam	Action Completed
13. Ask patient to lay on back with buttocks just beyond edge of exam table, and assist her with placing feet in foot rests	
14. Ensure there is adequate lighting for the exam	
15. Ask patient to drop her knees to the side as far as possible; avoid any language with a negative connotation such as asking the patient to “spread her legs”	
<b>External Exam (Step 16)</b>	
16. Examine external genitalia for abnormalities to include: erythema, inflammation, rashes, lesion, swelling, discharge, masses, and trauma	
<b>Speculum Exam, Pap Test, and STI Test (Steps 17 through 25)</b>	
17. Select the correct size speculum	
18. Wet and warm a metal speculum OR apply a small amount of water-based lubricant to plastic speculum (may also apply water-based lubricant to metal speculum)	
19. Spread labia with non-dominant hand	
20. Insert speculum with dominant hand (transverse or 45 degree angle ), and refrain from opening blades until speculum is full inserted into vagina	
21. Open speculum and adjust as needed to fully visualize and enclose cervix	
22. Examine vaginal vault and cervix for abnormalities: discharge, erythema, inflammation, lacerations, structural abnormalities	
23. Perform Pap test using appropriate tools	
24. Perform appropriate STI and vaginal testing	
25. Remove speculum, backing blades off of cervix and letting them fall closed (do not force blades closed)	
<b>Bimanual Exam (Steps 26 through 31)</b>	
26. Replace soiled glove on non-dominant hand used to palpate abdomen and generously lubricate dominant index and middle fingers to perform bimanual exam.	
27. Insert fingers into vaginal vault aiming toward small of the back with palm facing up	
28. Find cervix with vaginal hand and palpate cervix for position and tenderness	
29. Examine consistency of uterus by securing uterus between abdominal and vaginal hands, ensuring that vaginal hand pushes uterus superior via the cervix and abdominal hand is actively feeling fundus of uterus through abdomen. Examine for size, shape, position, presence of fibroids, tenderness, and masses.	
30. Palpate ovaries by pushing abdominal hand inferior and actively sweeping vaginal hand upwards toward posterior side of uterus and side-to-side.	
31. Remove fingers from vaginal vault.	
<b>External Exam of Anal Area (Step 32)</b>	
32. Examine external anal area for abnormalities. <i>Note: a rectal examination is not routinely performed for screening gyn exam but the rectal area should be visualized.</i>	
33. Assist patient in assuming sitting position	
34. Provide patient materials for clean-up after exam	
35. Ensure privacy while patient dresses	
36. Dispose of exam materials per VA protocol	
37. Discuss exam results with the patient and answer questions she may have. Check your local facility policies for communicating test results for specimens collected in the exam. Explain how and when results will be communicated to the patient.	