THE STUDY VAULT

Clinical Chaos

# Bowel Sounds

## SKILL SNAPSHOT

**Purpose**

Assess intestinal motility and identify changes that may require focused evaluation or intervention.

**When to use**

Routine abdominal assessment; pain, distention, nausea/vomiting, constipation, diarrhea, or postoperative care.

**Supplies needed**

Stethoscope; watch/clock; gloves if palpation or additional assessment is needed.

## PREP + PATIENT SETUP

- Explain the assessment; provide privacy.
- Position supine with knees slightly flexed when tolerated.
- Expose abdomen from xiphoid to pubis while draping.
- Warm stethoscope; assess before palpation or percussion.

## VAULT TIP

Abdominal order is inspect, auscultate, percuss, then palpate—listen before touching deeply.

## STEP-BY-STEP

- Inspect abdomen first for contour, symmetry, distention, scars, and visible movement.
- Use the diaphragm of the stethoscope with light pressure.
- Begin in the right lower quadrant near the ileocecal valve.
- Listen systematically in all four quadrants: RLQ, RUQ, LUQ, LLQ.
- Identify frequency and character: normoactive, hypoactive, or hyperactive according to facility criteria.
- To call sounds absent, listen continuously for the full time required by policy—commonly up to 5 minutes.
- Note high-pitched tinkling, rushes, or other abnormal patterns with symptoms.
- Complete percussion and palpation after auscultation; assess tenderness and guarding.
- Compare findings with intake, output, last stool, diet, medications, and symptoms.

## SAFETY REMINDERS

- Do not label sounds absent after a brief listen.
- Auscultate before palpation because palpation can alter motility.
- Severe pain, rigidity, guarding, vomiting, or shock signs require prompt escalation.
- Bowel sounds alone do not confirm or exclude obstruction.

## COMMON MISTAKES

- Listening through clothing.
- Using excessive pressure.
- Skipping quadrants or changing sequence.
- Documenting “normal” without character or context.

## DOCUMENTATION

- Quadrants assessed and sound character.
- Abdominal contour, tenderness, distention, or guarding.
- Associated GI symptoms and last bowel movement.
- Notifications and interventions for abnormal findings.