

THE PHYSICAL NURSING EXAMINATION OF THE HOSPITALIZED OLDER ADULT

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ABSTRACT: This exploratory-descriptive study, with a quantitative approach, aimed to describe the items of the physical examination used by nurses in evaluating the hospitalized older adult. In October 2014, 19 staff nurses who worked in inpatient and intensive care units in a Teaching Hospital in the city of Curitiba were investigated, using a questionnaire with open and closed questions. According to the results obtained, the majority of the nurses mentioned items referent to the general physical examination: level of consciousness (32%), nutritional status (21%) and mobility (21%); and to the specific physical examination: skin integrity, mentioned in various anatomical regions; thoracic symmetry (58%); pulmonary auscultation (53%); head hygiene (53%); edema of the extremities (53%); lymph nodes of the neck, peripheral perfusion, and hygiene of genitalia, with 42% respectively. It is concluded that the items used by the nurses in evaluating the hospitalized older adult are imperfect both in theoretical knowledge and in practical skill.

DESCRIPTORS: Physical examination; Nurses; Older adult.

EXAME FÍSICO DE ENFERMAGEM DO IDOSO HOSPITALIZADO

RESUMO: Estudo exploratório, descritivo de abordagem quantitativa, que teve como objetivo descrever os itens do exame físico utilizados pelos enfermeiros ao avaliar o idoso hospitalizado. Em outubro de 2014 foram investigados 19 enfermeiros assistenciais, atuantes em unidades de internação e de terapia intensiva de um Hospital de Ensino da cidade de Curitiba, utilizando-se um questionário com perguntas abertas e fechadas. De acordo com os resultados obtidos a maioria dos enfermeiros mencionou itens referentes ao exame físico geral: nível de consciência (32%), estado nutricional (21%) e mobilidade (21%), e ao exame físico específico: integridade da pele citada em diversas regiões anatômicas; simetria torácica (58%); ausculta pulmonar (53%); higiene da cabeça (53%); edema de extremidades (53%); linfonodos do pescoço, perfusão periférica e higiene da genitália com 42% respectivamente. Conclui-se que os itens utilizados pelos enfermeiros ao avaliar o idoso hospitalizado são deficitários tanto no conhecimento teórico quanto na habilidade prática.

DESCRIPTORIOS: Exame físico; Enfermeiros; Idoso.

EXAMEN FÍSICO DE ENFERMERÍA DEL ANCIANO HOSPITALIZADO

RESUMEN: Estudio exploratorio, descriptivo de abordaje cuantitativo que tuvo como objetivo describir los ítemes del examen físico utilizados por los enfermeros para evaluar el anciano hospitalizado. En octubre de 2014 fueron investigados 19 enfermeros asistenciales, actuantes en unidades de internación y de terapia intensiva de un Hospital de Enseñanza de la ciudad de Curitiba, utilizándose cuestionario con preguntas abiertas y cerradas. De acuerdo con los resultados obtenidos, la mayoría de los enfermeros mencionó ítemes acerca del examen físico general: nivel de consciencia (32%), estado nutricional (21%) y movilidad (21%), y al examen físico específico: integridad de la piel citada en diversas regiones anatómicas; simetría torácica (58%); ausculta pulmonar (53%); higiene de la cabeza (53%); edema de extremidades (53%); linfonodos del cuello, perfusión periférica e higiene de los genitales con 42% respectivamente. Se concluye que los ítemes utilizados por los enfermeros al evaluar el anciano hospitalizado son deficitarios tanto acerca del conocimiento teórico cuanto en la habilidad práctica.

DESCRIPTORIOS: Examen físico; Enfermeros; Anciano.

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INTRODUCTION

The census undertaken in 2010 by the Brazilian Institute of Geography and Statistics (IBGE) Foundation revealed that the number of people aged 60 years old or over had passed 20 million, corresponding to 10.8% of the population of Brazil, with projections to approximately 32 million in 2025, which will place Brazil in the sixth position among the countries with the highest proportion of older adults worldwide. In 2050, the population of older adults will reach 22.71% of the total population⁽¹⁾.

Aging, independently of the presence of chronic disease(s), is a current reality which needs to be seen by the health team which assists the older adult⁽²⁾. During the process of hospitalization, it deserves attention from all the professionals, in particular the nurses, who must be familiar with the conditions associated with the natural aging process, so as to be able to provide care geared towards the specific characteristics of this population⁽³⁾.

Nursing care is based in a methodological structure which guides the nursing care and the documentation of the professional practice, termed the Nursing Process, which is made up of the following stages: the history, obtained through interview and physical examination, diagnosis, planning, implementation and nursing evaluation⁽⁴⁾.

The nursing history is a considered systematic and continuous process, undertaken with the help of methods and techniques, which aims to obtain subjective and objective information regarding the person, the family or the human community, and regarding their responses at a given point of the health-illness process⁽⁴⁾. The subjective information is data which are collected from the point of view of the older adult, and which are described in the patient's own words, while the objective information is obtained through the physical examination, and the propaedeutic techniques of inspection, auscultation, percussion and palpation⁽⁵⁾.

In order to undertake a good quality physical examination, the nurses must have knowledge, skill and sensitivity in relation to the particular needs and characteristics of older adults⁽⁵⁾, who have a high probability of developing limitations for daily activities, and manifesting the so-called "Geriatric Syndromes"⁽⁶⁾. Nevertheless, the inadequate undertaking – or absence – of the physical examination of the hospitalized older adult inviabilizes the quality of the individualized nursing care, as many of the problems resulting from the aging

process fail to be identified, which, in its turn, hinders the planning and implementation of interventions⁽³⁾.

This study's concerns emerged during the undertaking of practical activities in the two years of the Specialization Course, in the modality of the Multi-professional Residency in Older Adult's Health. In this period, it was noticed that the nurses did not undertake the physical examination of the hospitalized older adults in a standardized and systematic way. Investigation made in this stage is considered of extreme importance, as the physical examination makes it possible to validate the findings from the interview, to identify problems, to identify diagnoses, to plan and implement the nursing interventions, and to monitor the older adult's progression⁽⁷⁾.

Taking these questions into account, this study has as its guiding question: what are the items of the physical examination used by nurses in evaluating the older adult clientele receiving inpatient treatment in a hospital institution?

The study's relevancy lies in its contribution to the teaching, to research, and, in particular, to the professional practice of the nurse. In teaching, this study could raise the awareness of the lecturers in Nursing, in relation to the items identified regarding the physical examination and regarding the academic preparation of the nurses for undertaking the general physical examination and the specific physical examination of the hospitalized older adult. For research, it is anticipated that the results presented here may contribute to future studies, and that theoretical and practical correlations may take place, and that they may also motivate the nurses to undertake further research regarding the topic. It is hoped to contribute to, and to raise nurses' awareness of, the importance of undertaking the physical examination as a fundamental part of the nursing process.

This study, therefore, aims to describe the items of the physical examination used by the nurses in evaluating the older adults receiving inpatient treatment in a hospital institution.

METHOD

The study, of the exploratory-descriptive type, with a quantitative approach, was undertaken in a Teaching Hospital in the city of Curitiba, in the state of Paraná. The hospital is a center of excellence in cardiology, and mainly attends older adults under the Unified Health System (SUS).

The sample included nurses who undertook care activities on the inpatient wards and in the intensive care units. Initially, 48 professionals met this criteria. However, nurses were excluded who had worked in the hospital for less than three months, who were on holiday or leave, those who worked undertaking night-time supervision, as this involved both care activities in various units and managerial activities, the nurses undertaking bank activities to cover for other nurses on their days off and the nurses who undertake the activities of nurses on holiday.

The data were collected in October 2014. The data collection instrument was structured by the authors themselves, based on the instrument of Paula and Cintra⁽⁹⁾. The questionnaire used in the present study was made up of three sections, containing open (discursive) and closed questions (objective). Section 1 was made up of questions referent to the identification of the professional (sex, age, year of graduation, Department of work and time of work in the hospital); Section 2 was made up of information related to theoretical-practical knowledge in the professional training (content addressed in undergraduate training and participation in refresher/updating courses); while Section 3 was made up of questions on the physical examination of the older adult (the practice of the physical examination, the time at which the physical examination was undertaken, difficulties during the examination, the use of scales or instruments, items from the general and specific physical examinations, and use of propaedeutic techniques).

The responses to the open questions referent to the general and specific physical examinations were firstly categorized according to the classification suggested in the literature⁽⁸⁻¹⁰⁾. According to these points of reference, the general physical examination is constituted by: vital signs, weight, height, physical appearance in relation to clothes and general hygiene, level of consciousness, communication, emotional and nutritional status, anasarca (generalized edema), generalized coloration of the skin (colored, hypocolored, jaundiced), posture and mobility; and the specific physical examination involved collection of items termed cephalo-caudal⁽⁸⁾ or cephalo-pedal method⁽¹⁰⁾, subdivided into six anatomical regions (head, neck, thorax, abdomen, upper/lower limbs and genitalia). The four propaedeutic techniques for undertaking the physical examination, covering inspection, auscultation, percussion and palpation were also considered⁽⁸⁻¹⁰⁾.

The data collection instrument was handed

personally to each nurse on the hospital premises. At that point, the purpose of the study was clarified, the importance of the professionals' participation was explained, the ethical questions were clarified, and the nurse was requested to sign the Terms of Free and Informed Consent. It was established that the questionnaire was to be handed back within a period of 48 hours.

The information obtained was tabulated in an Excel spreadsheet and was analyzed using the Statistical Package for the Social Sciences (SPSS) software, version 21.0. The closed questions with a qualitative measurement scale were treated through the distribution of absolute and relative frequency. The variables with a quantitative measurement scale (age and time of service in the hospital) were treated using means and standard deviation.

The study complied with the ethical aspects stipulated in Brazilian Health Council Resolution N. 466/2012 and obtained a favorable opinion from the Research Ethics Committee of the Pontifical Catholic University of Paraná, under protocol N. 789.042.

RESULTS

Of the 48 staff nurses, 29 (60%) were excluded, as six (21%) worked in night-time supervision, five (16%) were on holiday in the data collection period, four (14%) were bank staff covering nurses on their days off, four (14%) had worked in the institution for less than three months, two (7%) were bank staff covering nurses on holiday, two (7%) were on leave and six (21%) did not answer the data collection instrument in the period stipulated. As a result, a sample was obtained of 19 nurses.

In relation to the identification of the 19 nurses, 13 (68%) were female, with a mean age of 31±5 years old. Regarding the year they graduated, variation was from one to 20 years, with predominance for one to four years (47%). Regarding the sector in which they worked, it was ascertained that 14 (74%) nurses undertook care activities on the inpatient wards and five (26%) in the intensive care units. The time of service in the hospital varied from six months to 18 years, and, on average, was 5±5 years (Table 1).

In relation to the theoretical-practical knowledge in the professional training, 13 (68%) stated that the content of the physical examination for the older adult had been addressed during their undergraduate course; of these, seven (54%) judged that the content was

Table 1 – Characterization of the profile of the Nurses (n=19). Curitiba-PR-Brazil, 2014

Variables	n	%
Sex		
Female	13	68
Male	6	32
Age*	31 ±	5
Year of graduation		
1994-1997	1	5
1999-2001	0	0
2002-2005	3	16
2006-2009	6	32
2010-2013	9	47
Sector of work		
Inpatient ward	14	74
Intensive Care Unit	5	26
Time of service in the hospital (years)*	5 ±	5

*mean ± standard deviation

insufficient for professional practice; and 14 (74%) stated that they had never participated in refresher courses referent to the physical examination of the older adult.

According to the results obtained, 12 (63%) nurses stated that they undertook the physical examination with hospitalized older adults, four (21%) stated that they did not undertake the physical examination, and three (16%) did not answer this question. Of the total of 12 nurses who stated that they undertook the physical examination, three (25%) did so on admission and daily, three (25%) on admission and when possible, two (17%) on admission, one (8%) daily, one (8%) on admission and when necessary, one (8%) on admission, daily, and when necessary, and one (8%) on admission, once a week, and when necessary.

Fifteen (79%) nurses reported having difficulty in undertaking the physical examination of the older adult. They justified this mentioning the lack of time and lack of theoretical and practical knowledge. They also raised questions related to the older adult's condition: embarrassment, immobility, communication deficit, various comorbidities and the absence of family members. In the light of this context, 17 (89%) nurses described that they would like to participate in an extension course and/or training regarding the physical examination of the older adult, as this is the profile of the majority of the clientele hospitalized in the institution in question.

In relation to the use of scales or instruments for evaluation of the older adult, it was observed that five

(26%) used the Braden Scale, one (5%) the Braden Scale and the Glasgow Coma Scale, and one (5%), the Glasgow Coma Scale.

Of the 19 nurses, 11 (58%) answered items relating to the general physical examination, as presented in Table 2. Of the total of responses, the item identified with the greatest frequency was level of consciousness (32%), followed by nutritional status and mobility, both with 21%. It is noteworthy that, in addition to the items found in Table 2, the nurses also mentioned 29 items referent to the specific physical examination and to the interview. They were not, therefore, considered, as they were not related to this question.

Table 2 – Items referent to the general physical examination of the hospitalized older adult, used by the nurses (n=19). Curitiba-PR-Brazil, 2014

General physical examination	n	%
Level of consciousness	6	32
Nutritional status	4	21
Mobility	4	21
Communication	2	11
Generalized edema	2	11
Vital signs	2	11
Bathing/general hygiene	1	5
Emotional status	1	5
No answer	8	42

The majority of the nurses described one or more items which they used in undertaking the specific physical examination, totaling 96 items. The anatomical region mentioned most was the head, with 21 items, followed by the upper (MMSS) and lower limbs (MMII), with 19; the neck, with 16; the thorax, with 15; the abdomen, with 13; and, finally, the genitalia, with 12 items. Furthermore, as can be observed in Table 3, of the 19 nurses, when questioned regarding the specific physical examination, from 3 to 6 participants did not answer one or more of the discursive questions. It is worth noting that in Table 3, the first three items of each anatomical region mentioned by the nurses were presented, these being considered to be those with the highest frequency.

Referent to the propaedeutic techniques of the physical examination used by the nurses according to anatomical regions, the majority emphasized items referent to the inspection, followed by palpation and auscultation. In relation to percussion, no item was emphasized by the nurses (Table 4). From three to six nurses did not respond to these questions.

Table 3 – Items referent to the specific physical examination, subdivided in anatomical regions, of the hospitalized older adults, used by the nurses (n=19). Curitiba-PR-Brazil, 2014

Anatomical regions	n	%
Head		
Skin integrity	10	53
Hygiene	10	53
Parasites	7	37
No answer	5	26
Neck		
Lymph nodes	8	42
Skin integrity	7	37
Jugular veins	5	26
No answer	6	32
Thorax		
Symmetry	11	58
Pulmonary auscultation	10	53
Expansion	6	32
No answer	3	16
Abdomen		
Skin integrity	7	37
Shape	7	37
Bowel sounds	5	26
No answer	3	16
Upper and lower limbs		
Skin integrity	13	68
Edema of extremities	10	53
Peripheral perfusion	8	42
No answer	4	21
Genitalia		
Skin integrity	12	63
Hygiene	8	42
Devices	5	26
No answer	5	26

DISCUSSION

This study's sample is predominantly female, a fact verified in other studies, which reproduces the historical characteristic of nursing, which has been a profession exercised almost exclusively by women since it began⁽¹¹⁾.

The mean age of 31 years old leads one to suppose that these are workers with relative experience of life and maturity. This factor may contribute to greater calmness in taking decisions at work and in personal life⁽¹²⁾.

In relation to theoretical-practical knowledge, this study's data reflects sufficient academic preparation of nurses to undertake the physical examination of the hospitalized older adult. This difficulty may perhaps explain the absence of responses to the discursive questions, relating both to the general physical examination and the specific physical examination. This result has also been found by other authors, who state that 46.8% of nurses alleged difficulty in undertaking the physical examination; the reasons attributed to this difficulty referred to insufficient theoretical grounding (17.4%) in the human and biological sciences, added to the shortage of knowledge of semiology (necessary for undertaking the propaedeutic techniques used in the physical examination), for collecting relevant data and interpreting them⁽¹³⁾.

The accounts which depict the gap in the participation in refresher courses on the part of the majority of the nurses is a concerning data, as one can infer that the improvement of the work is a commitment that all the professionals must have in order to offer updated, quality care⁽¹¹⁾.

Table 4 – Propaedeutic techniques of the physical examination, used by nurses according to the anatomical regions (n=19). Curitiba-PR-Brazil, 2014

Anatomical Regions	Inspection		Auscultation		Percussion		Palpation		Did not answer	
	n	%	n	%	n	%	n	%	n	%
Head	15	79	0	0	0	0	5	26	4	21
Neck	12	63	1	5	0	0	8	42	6	32
Thorax	16	84	11	58	0	0	8	42	3	16
Abdomen	12	63	12	63	0	0	12	63	3	16
Upper and lower limbs	15	79	0	0	0	0	8	42	4	21
Genitalia	14	74	0	0	0	0	1	5	5	26

As strategies for improving the quality of the nurses' training and professional practice, various authors⁽¹³⁾ have recommended: the residency in nursing for all students who conclude the undergraduate course, as a form of practical exercise of critical and clinical reasoning in nursing in training conditions at work; continuing education, as an alternative for the improvement of knowledge, through refresher/updating courses with the appropriate institutional support; and the renewal of the authorization of the professional exercise by the professional class association, linked to evidence of refresher/updating courses undertaken during the year.

Another relevant aspect identified was that the nurses did not undertake the physical examination of the hospitalized older adults in a regular and systematic way. This result was also depicted in another study, identifying that the physical examination was undertaken only at the time of admission. Investigating the profile of these clients, and their specific characteristics, one can identify, plan, and immediately intervene in the problems to which older adults are subject each day of inpatient treatment⁽⁷⁾.

Another data which deserves discussion is lack of time as the hindrance to undertaking the physical examination mentioned by the nurses most. A similar result was found in another study⁽¹³⁾, which identified that the reasons presented by the 83 nurses for not undertaking the physical examination were lack of time (43.5%), limitation of information on the client (21.7%) and the inadequacy of the instrument used in their particular area or department (17.4%). This situation may also be directly related to a series of obstacles needing to be overcome, such as: the lack of recognition on the part of the nursing team, the poor working conditions, the insufficient number of nurses, the overload of activities, the lack of valorization or of support on the part of the institution's administration, the nurses' shortage of technical and intellectual skills, and the academic training of the nurses, which is not geared towards the valuing of the application of the nursing process^(7,14). In spite of the observation of the time which is taken for undertaking each phase of the nursing process, and principally the collecting of data, one must consider the fundamental importance of this phase, as it constitutes the evaluation framework which allows the deployment (and the efficiency)

of all the following phases⁽¹³⁾.

For evaluation of the older adults, seven nurses used the Braden Scale and the Glasgow Coma Scale. With the increase in the number of older adults, the need for the use of scales or evaluation instruments also grows, such as: 1) global functionality: Individualized Evaluation, the Lawton-Brody Scale, the Pfeiffer Index and Katz Index; and 2) functional systems: a) cognition: Mini-Mental State Examination (MMSE), the ten-word list of the Consortium to Establish a Registry for Alzheimer's Disease (CERAD), the Verbal Fluency Test, Recognition of ten figures, the Clock Test; b) mood: the Geriatric Depression Scale; c) mobility: reaching grasping and holding; posture, gait and transference (Timed up and go test) (TUG) / Get up and go test, the Romberg Test and Sternal nudge test, single-foot balance test, the Berg Balance Scale (BBS), Tinetti Scale); aerobic capacity (Six-minute walk test, effort dyspnea), sphincter continence; and d) communication: vision (simplified Snellen Test), hearing (Whisper test) and speech, voice and oro-facial motor skills (Evaluation of the voice, speech and swallowing)⁽¹⁵⁾.

In relation to the general physical examination, it is worth mentioning that the items mentioned by the nurses were: level of consciousness, nutritional status, mobility, communication, generalized edema, vital signs, bathing/general hygiene and emotional status. In addition to these items, one can also include the following in the evaluation of the general conditions: weight, height, morphological type, generalized skin coloration (colored, hypocolored, jaundiced), anasarca (generalized edema) and posture⁽⁸⁻¹⁰⁾. For the discussion of the general physical examination, the items with a percentage above 15%, such as level of consciousness, nutritional status and mobility, were selected.

The result of the level of consciousness coincides with the result of another study, in which it was observed that of the total of 69 medical records, the level of consciousness was recorded in 58 (84%) of them, it being the case that this is an objective data which must be observed in the general physical examination of all older adults⁽¹⁶⁾. The level of consciousness must be evaluated due to the occurrence of delirium. Among hospitalized older adults, the frequency of this disorder seems to be particularly high, and has an acute beginning and progresses

with disorientation and lowering of the level of consciousness⁽¹⁷⁾.

Nutritional status and mobility also deserve attention in the evaluation of the older adults, as a progressive and slow reduction occurs in muscular mass, with tissue gradually being substituted by collagen and fat⁽¹⁸⁾. Mobility is intrinsically associated with movement in space, allowing the individual's independence⁽¹⁵⁾. The alterations in the musculoskeletal system are implicated in the worsening of the older adult's bodily balance. The scale of movements is reduced, altering gait⁽¹⁹⁾.

According to the responses obtained in the specific physical examination of the head, neck, abdomen, MMSS, MMII and genitalia, the integrity of the skin was the item mentioned most by the nurses. In the evaluation of the older adult's skin, one must take into account characteristics (humidity, texture, thickness, temperature, elasticity, sensitivity and lesions) of the skin in each region of the body⁽²⁰⁾. The skin is the organ which most shows the signs of aging. With the loss of the support tissue, subcutaneous fat, reduction in hairs and sweat and sebaceous glands, the older adult physiologically has skin which is drier, more fragile, has lost its elasticity and turgor, and which is more prone to lesions, pruritus and infections⁽²¹⁾. Considering these problems associated with the physiological changes in the dermis and epidermis, one can emphasize that older adults are more exposed to inflammations and lesions/injury, such as ecchymosis, abrasions, lacerations, contusions and pressure ulcers⁽²²⁾.

As some characteristics of the skin are evaluated by anatomical regions, hygiene is also examined in each region. The nurses stated that they observed hygiene in the regions of the head and genitalia. Good hygiene of the older adult is reflected in the cleanness of the hair and scalp, in the cleanness of the body, and in intimate hygiene. The oral cavity and the cleaning of the gums, prostheses and teeth are also fundamental to evaluate in the older adult⁽¹⁰⁾.

In the evaluation of the neck, the item emphasized most by the nurses was palpation of lymph nodes. This evaluation in the older adult is dubious, as the lymph nodes reduce in size as age advances, due to the loss of some lymphoid elements⁽²²⁾. However, one must evaluate whether there is limitation in neck movement,

engorgement of jugulars and reduction in carotid flow, these being frequently found in older adults with cardiovascular problems⁽¹⁸⁾.

In the examination of the thorax, the nurses mentioned the most frequent items, such as symmetry, followed by pulmonary auscultation and expansion. The nurses did not report respiratory frequency and pattern, which are two important items, as they have particular semiological meaning when above 24 respirations per minute. Thoracic expansion is frequently limited in the older adult, and does not always offer much information. Pulmonary auscultation is more difficult to undertake, as older adults are not always able to take deep breaths⁽¹⁸⁾. Remaining on the examination of the thorax, it was ascertained that cardiac auscultation was reported by a minority of the nurses. It is a highly important examination, in particular because the cardiac murmurs are very frequent in advanced age, mainly resulting from calcific valve disease, the aortic and mitral valves being the most commonly affected⁽¹⁸⁾. As a result of this, it is important to emphasize that this context must be altered, as the teaching institution which was this study's scenario mainly receives elderly people with cardiovascular problems.

In the physical examination of the abdomen, the nurses emphasized the item of the abdominal shape, as the older adult can present distention. One must also auscultate the bowel sounds, as the older adult tends to present reduction of peristalsis, of the production of gastric juices, and alteration of the intestinal sphincter, predisposing to intestinal constipation, fecal incontinence, and an increase in flatulence⁽⁹⁾.

In the anatomical regions of the MMSS and MMII, the nurses emphasized the item of edema of extremities and peripheral perfusion. The evaluation of tissue perfusion, of the peripheral pulses and of the venous network must be noted, as changes occur throughout aging, such as: increase in peripheral resistance, rigidity of the cardiac valves, and loss of cardiac efficacy and contractility⁽⁹⁾. The most frequent cause of edema in the lower limbs in older adults is immobility, worsened by the poor quality of venous drainage⁽¹⁸⁾.

Regarding the region of genitalia, the nurses mentioned that they examine the skin integrity and hygiene – mentioned above – and devices.

In addition to these items, it is also important to ascertain the frequency, coloring and quantity of urinary elimination; in men, the prostate increases in size as age progresses, causing constriction of the urethra and difficulty in micturition⁽²³⁾.

The present study's findings evidenced that the propaedeutic technique cited most by the nurses was inspection, followed by palpation and auscultation. However, no reference was made to percussion. These results are in consonance with a retrospective transversal study which identified that the propaedeutic techniques used most by the nurses were inspection and palpation and which, furthermore, ascertained a gap in records referent to auscultation, as the lowest frequencies were observed in pulmonary and cardiac auscultation, and no item obtained through percussion was found in the nurses' notes⁽¹⁶⁾. Another study similar to these results revealed that the greatest difficulty in the physical exam was in the technique of auscultation (39%), followed by percussion (34.1%). Inspection (9.8%) was the method of lowest difficulty, followed by palpation (17.1%)⁽¹³⁾.

FINAL CONSIDERATIONS

This study's results made it possible to conclude that the items of the physical examination used by the nurses in evaluating the older adult receiving inpatient treatment in a hospital institution are inadequate in relation to both theoretical knowledge and practical skill. The fact that the nurses did not mention some items from the general and specific physical examinations, or did not answer one or more questions, reveals, in different ways, the need to reflect on the practices undertaken of the physical examination.

Based on this context, it is understood that it is necessary to invest in the professional development of the nurse for undertaking the physical examination, through extension courses, improvement courses, in-work training, and discussion groups for clarifying doubts regarding the general and specific physical examination, clarifying the theoretical model which supports the stages of data/information collection regarding the older adult, and the relationship existing between these, in the search for quality in the nursing care.

The knowledge regarding the physical examination allows the nurses to reformulate their practices in the care and assistance provided to the hospitalized older adult. This knowledge can certainly contribute such that the Nursing Process may be undertaken safely and with quality. In this way, such that all the stages of the Nursing Process may be undertaken, it is essential that the physical examination should be appropriately undertaken and, thus, allow the nurses to function more scientifically and with better results.

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