Abdominal Pain

History
- Age
- Past medical/surgical history
- Medications
- Onset
- Provocation
- Quality (e.g. crampy, constant, sharp, dull, etc.)
- Region / radiation/referred
- Severity (0 – 10 scale)
- Time (duration/repetition)
- Fever
- Last meal eaten
- Last bowel movement/emesis
- Menstrual history (pregnancy)

Signs and Symptoms
- Pain (location/migration)
- Tenderness
- Nausea
- Vomiting
- Diarrhea
- Dysuria (painful or difficult urination)
- Constipation
- Vaginal bleeding/discharge
- Pregnancy

Associated symptoms: (Helpful to localize source)
Fever, headache, weakness, malaise, myalgia, cough, headache, mental status change, or rash

Differential
- Pneumonia or pulmonary embolus
- Liver (hepatitis)
- Peptic ulcer disease/gastritis
- Gallbladder
- MI
- Pancreatitis
- Kidney stone
- Abdominal aneurysm
- Appendicitis
- Bladder/prostate disorder
- Pelvic (PID, ectopic pregnancy, or ovarian cyst)
- Spleen enlargement
- Diverticulitis
- Bowel obstruction
- Gastroenteritis (infectious)
- Ovarian or testicular torsion

Pain Control TG if indicated

If patient has nausea or vomiting
Ondansetron 4mg IV/IO/IM/ODT
May repeat x 1 after 15 minutes

Establish IV/IO
Normal Saline bolus 500ml
Repeat as needed
Tritrate to systolic BP > 90
Maximum 1L
Cardiac monitor
Consider 12-Lead ECG

Signs/symptoms suggesting cardiac etiology
Yes → Appropriate Cardiac TG as indicated
No → Improving?

Notify receiving facility. Contact Base Hospital for medical direction

Assess symptom severity

Unstable
(Hypotension/poor perfusion)

Stable

Exit to Hypotension/Shock TG

Yes → Signs/symptoms suggesting cardiac etiology

Cardiac monitor

Exit to Hypotension/Shock TG
Pearls

- Diabetic, females, and geriatric patients often have atypical pain, or only generalized complaints. Suspect cardiac etiology in these patients, perform a 12-Lead ECG, and investigate until proven otherwise.
- For chronic abdominal pain, use caution before administering Fentanyl.
- Zofran is not indicated or useful for motion sickness.
- Document the mental status and vital signs prior to administration of anti-emetics.
- Abdominal pain in women of childbearing age should be treated as pregnancy-related until proven otherwise.
- An impression of abdominal aneurysm should be considered with severe abdominal or non-traumatic back pain, especially in patients > 50 years of age or patients with shock/poor perfusion.
- Use caution when considering administration of opioids for pain control.