**Contra Costa County Emergency Medical Services**

**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

### 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

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

**Treatment Protocol**

1. **Assess symptom severity**
2. **Signs/symptoms suggesting cardiac etiology?**
   - **Unstable (Hypotension/poor perfusion)**
     - Establish IV/IO
     - Normal Saline bolus 500ml
     - Repeat as needed
     - Titrate to systolic BP > 90
     - Maximum 1L
     - Cardiac monitor
     - Consider 12-Lead ECG
     - **If patient has nausea or vomiting**
       - Ondansetron 4mg
       - IV/IO/IM/ODT
       - May repeat x 1 after 15 minutes
   - **Stable**
     - Establish IV/IO
     - Cardiac monitor
     - **Hypotensive, Signs and Symptoms of shock?**
       - **Yes**
         - Exit to Pain Control TG *if indicated*
       - **No**
         - Exit to Hypotension/Shock TG *if indicated*
     - **Notify receiving facility.**
       - **Contact Base Hospital for medical direction, as needed.**

**Establishment**

- Cardiac monitor

**Exit to**

- Pain Control TG *if indicated*
- Hypotension/Shock TG *if indicated*
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, consider non-narcotic pain control.
- 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.