SECTION: Adult General Medical Emergencies

PROTOCOL TITLE: Medical – Abdominal Pain

REVISED: 06/2017

Protocol **3-2**

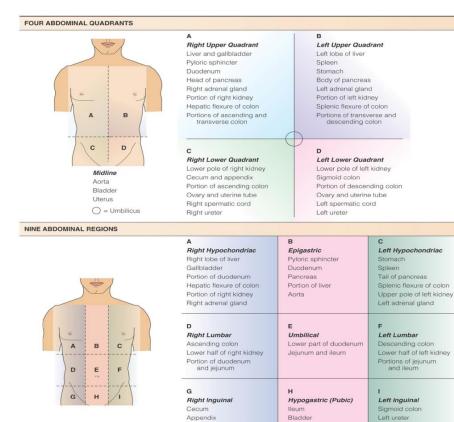
OVERVIEW:

Abdominal pain is one of the most common presenting complaints in emergency medicine. In nearly half the patients, the etiology remains obscure. Recalling the differences between generalized types of pain can be helpful diagnostically. Visceral abdominal pain results from stretching of the autonomic nerve fibers. The pain may be described as cramp like, colicky or gaseous and is often intermittent. Obstruction can be a serious cause of visceral pain. Somatic pain occurs when pain fibers located in the parietal peritoneum are irritated by chemical or bacterial inflammation. The pain is described as sharp, more constant, and more precisely located. Referred pain is any pain felt at a distance from a diseased organ. Referred pain generally follows certain classic patterns, for example, diaphragmatic irritation often radiates to the supraclavicular area.

| HPI | Signs and Symptoms | Considerations | | | |
|--|---|--|--|--|--|
| Age Past medical, surgical history Medications Time of onset Palliation, provocation Quality (cramping, constant, sharp, dull, etc) Region, radiation, referred Severity (1 - 10) Duration, repetition Fever Last meal Last bowel movement, consistency Menstrual history, pregnancy | Pain (location, migration) Distension, rigidity Unequal, absent femoral pulses Diaphoresis Orthostatic changes Tenderness Nausea, vomiting, diarrhea Dysuria Constipation Vaginal bleeding, discharge Pregnancy Associated symptoms (helpful to localize source) Fever, headache, weakness, malaise, myalgias, cough, mental status changes, rash | Pneumonia, HF Pulmonary embolus Liver (hepatitis) Peptic ulcer disease, gastritis Gallbladder Myocardial infarction Pancreatitis Kidney stone Abdominal aneurysm Mesenteric Arterial Tear Appendicitis Bladder, prostate disorder Pelvic (PID, ectopic pregnancy, ovarian cyst) Spleen enlargement Bowel obstruction Gastroenteritis (infectious) | | | |



| | EMR | EMT | Α | | Ρ |
|---|-----|-----|---|---|---|
| 1. Perform general patient management. | • | • | • | • | • |
| 2. Assess mechanism of injury and / or nature of illness. | | • | • | • | • |
| 3. Administer Oxygen to maintain <u>SPO₂</u> 94 - 99% | • | • | • | • | • |
| 4. Allow the patient to lie in a comfortable position. | | • | • | • | • |
| 5. If shock is present, without pulsating masses, refer to <u>Shock</u> <u>protocol</u> . | • | • | • | • | • |
| Place patient on cardiac monitor and obtain a <u>12 lead ECG</u> if indicated. | | • | • | • | • |
| 7. Initiate IV of Normal Saline KVO. | | | • | • | • |
| Administer <u>ONDANSETRON</u> 0.1 mg / kg slow IVP over 2 - 5 minutes, max 4.0 mg per dose, as needed, per <u>Medical –</u> Nausea/Vomiting protocol. | | | • | • | • |
| 9. Treat pain if indicated. Refer to <i>General – Pain Control</i> protocol. | | | | • | • |
| 10. Transport and perform ongoing assessment as indicated. | | • | • | • | • |



Appendix

Lower end of ileum

Right ureter Right spermatic cord

Right ovary and uterine tube

Bladder

Uterus (in pregnancy)

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Left spermatic cord

Left ovary and uterine tube

ABDOMINAL PAIN

PEARLS:

- 1. Abdominal pain may be the first sign of an impending rupture of the appendix, liver, spleen, ectopic pregnancy, or aneurysm. Monitor for signs of hypovolemic shock.
- 2. If a pulsating mass is felt, suspect an abdominal aneurysm and discontinue palpation.
- 3. Abdominal pain in women of childbearing age should be treated as an ectopic pregnancy until proven otherwise.
- 4. Appendicitis can present with vague, periumbilical pain that migrates to the RLQ over time.
- 5. Kidney stones can present with flank pain that migrates to the lower quadrants.
- 6. Ask the patient to point to the pain. The further from the umbilicus the patient points, the more likely the pain is to be organic in origin.
- 7. Simple pain management techniques include speaking in calm, reassuring voice, and placing the patient in a position of comfort.



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