

Abdominal Pain

Aliases

None

Patient Care Goals

1. Improve patient comfort.
2. Identify life-threatening causes of abdominal pain.

Patient Presentation

Inclusion Criteria

Abdominal pain or discomfort related to a non-traumatic cause

Exclusion Criteria

1. Abdominal pain due to trauma [see General Trauma Management guideline]
2. Abdominal pain due to or related to pregnancy [see OB/GYN guidelines]

Patient Management

Assessment

1. Perform airway assessment and management per the Airway Management guideline.
2. Obtain vital signs including pulse, respiratory rate, pulse oximetry, and blood pressure.
3. Provide evaluation and management of pain per the Pain Management guideline.
4. Obtain vascular access as necessary to provide analgesia and/or fluid resuscitation.
5. Assess for life-threatening causes of abdominal pain, which may include:
 - a. Ischemic, necrotic, or perforated bowel.
 - i. Severe tenderness
 - ii. Abdominal pain with motion or "jiggling" of the abdomen
 - iii. Fever
 - iv. Bloody stool
 - v. Nausea and vomiting
 - vi. Possible absence of passage of stool or gas
 - vii. Abdominal distention, with possible tympany to percussion
 - b. Dissecting or ruptured abdominal aortic aneurysm (AAA).
 - i. Unequal femoral or distal lower extremity pulses
 - ii. "Pulsatile" abdominal mass
 - iii. Associated back pain and/or chest pain
 - iv. Known history of abdominal aortic aneurysm
 - c. Ruptured ectopic pregnancy.
 - i. Vaginal bleeding
 - ii. Recently diagnosed pregnancy
 - iii. Recent missed period/menstrual cycle in women of childbearing age.
6. Assess for signs of shock.
 - a. If shock is present, provide treatment per appropriate Shock guideline
7. Assess for other non-life-threatening causes of abdominal pain.
 - a. Appendicitis.
 - i. Focal right lower quadrant tenderness, possibly with rebound and guarding
Right lower quadrant tenderness noted during palpation of the left lower quadrant (positive Rovsing's sign)
 - ii. Peri-umbilical or diffuse abdominal tenderness with palpation or "jiggling" of the abdomen/pelvis
 - iii. Fever
 - iv. Nausea, vomiting
 - v. Lack of appetite

- b. Acute Cholecystitis.
 - i. Right upper quadrant or epigastric tenderness
 - ii. Fever
 - iii. Nausea and vomiting
 - iv. Possible history of gallstones
- c. Pyelonephritis.
 - i. Fever
 - ii. Nausea, vomiting
 - iii. Urinary frequency/urgency
 - iv. Dysuria
 - v. Hematuria
 - vi. Back/flank pain
 - vii. Costovertebral angle tenderness to percussion
- d. Kidney stone
 - i. Unilateral flank pain
 - ii. Nausea, vomiting
 - iii. Possible Hematuria

Treatment and Interventions

1. Medication Administration:
 1. Provide analgesia per the Pain Management guideline.
 2. Administer antiemetics per the Nausea-Vomiting guideline.
2. Provide transport to an appropriate receiving facility. Consider specialty destination centers for following conditions
 1. Ischemic, necrotic, or perforated bowel: General surgery readily available
 2. Dissecting or ruptured abdominal aortic aneurysm (AAA): Trauma Center/Vascular Surgery readily available
 3. Ruptured ectopic pregnancy: Hospital with OB capabilities
3. Reassess vital signs and response to therapeutic interventions throughout transport.

Patient Safety Considerations

None recommended

Notes and Educational Pearls Key Considerations

- Assess for life-threatening causes of abdominal pain.
- Provide appropriate treatment for pain, vomiting, and shock.
- Consider transport to a trauma center if aortic aneurysm is suspected.

Pertinent Assessment Findings

- Rebound tenderness
- Guarding
- Abdominal distension
- Abdominal tympany to percussion
- Tenderness focal to a specific abdominal quadrant
- Presence of "pulsatile" abdominal mass
- Absence of or significant inequality of femoral or distal arterial pulses in lower extremities
- Hyper or hypothermia
- Rectal bleeding, hematemesis (character), vaginal bleeding

Quality Improvement

Associated NEMESIS Protocol(s) (eProtocol.01)

- 9914109—Medical-Abdominal Pain

Key Documentation Elements

- Assessment of abdomen to include findings on palpation/percussion including
- presence or absence of masses and presence and nature of tenderness/pain
- Treatment and response to treatment

Performance Measures

- Assessment for life-threatening etiology
- Mitigation of pain per the [Pain Management guideline](#)

References

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