Abdominal Pain/Problems (GI/GU)

For any pain or problem in the abdominal/flank region that does not have a more specific primary impression; includes post-surgical complications

**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**
- Hypotension
- 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

**Assess symptom severity**

- **Unstable** (Hypotension/poor perfusion)
  - Cardiac monitor
  - Consider 12-Lead ECG
  - Establish IV/IO
  - If systolic BP < 90
    - Normal Saline bolus 500ml IV/IO
    - Maximum 2L
  - For nausea or vomiting
    - Ondansetron
  - For pain consider, Fentanyl

- **Stable**
  - Establish IV/IO
  - Cardiac monitor
  - For nausea or vomiting
    - Ondansetron
  - For pain consider, Fentanyl

If age ≥ 35 years with previous History of cardiac disease or MI, or risk factors are present (hypertension, diabetes)?

- Yes ➔ Chest Pain: Suspected Cardiac
  - For suspected AAA, consider immediate transport to the closest trauma center

- No ➔ Improving?

  - Yes ➔ Notify receiving facility. Consider Base Hospital for medical direction
  - No ➔ Shock

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**Effective October 2019**

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**For nausea or vomiting**
- Ondansetron

**For suspected AAA, consider immediate transport to the closest trauma center**
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.
- Ondansetron is not indicated or useful for motion sickness.
- Abdominal pain in women of childbearing age should be treated as pregnancy-related until proven otherwise.
- An 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. Reroute to the closest trauma center for immediate access to surgical services.