Pediatric 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

### Signs and Symptoms
- Hypotension
- Pain (location/migration)
- Tenderness
- Nausea
- Vomiting
- Diarrhea (painful or difficult urination)
- Dysuria
- Constipation

### 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
- Appendicitis
- Bladder/prostate disorder
- Pelvic (PID, ectopic pregnancy, or ovarian cyst)
- Spleen enlargement
- Bowel obstruction
- Gastroenteritis (infectious)
- Ovarian or testicular torsion

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### Assess symptom severity

#### Unstable (Hypotension/poor perfusion)
- Cardiac monitor
- Establish IV/IO
- If age-dependent hypotensive
  - Normal Saline bolus IV/IO
  - May repeat x2
- If patient has nausea or vomiting
  - Ondansetron
- For pain
  - Consider, Fentanyl

#### Shock
- No

#### Improving?
- Notify receiving facility.
- Consider Base Hospital for medical direction

#### Stable
- Consider, IV/IO
- If patient has nausea or vomiting
  - Ondansetron

### Pearls
- For chronic abdominal pain, use caution before administering Fentanyl.
- Ondansetron is not indicated or useful for motion sickness.
- Use caution when considering administration of opioids for pain control.