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
- Dysuria (painful or difficult urination)
- 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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**Flowchart**

- **Unstable** (Hypotension/poor perfusion)
  - Cardiac monitor
  - Establish IV/IO
  - If patient has nausea or vomiting, consider Ondansetron
  - For pain, consider Fentanyl

- **Shock**
  - Improving?
    - No
      - Notify receiving facility. Consider Base Hospital for medical direction

- **Stable**
  - Consider, IV/IO
  - Consider, Cardiac monitor
  - If patient has nausea or vomiting, consider Ondansetron

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**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.