

Purpose: To provide a process for the assessment and management of the patient experiencing abdominal pain.

M B S P

I. Assessment Information

- A. History :
 - 1. Past Medical History: abdominal aneurysms, ulcers, alcoholism, bowel obstructions, liver disease, surgeries, kidney stones, or any other abdominal history that may be significant to the symptoms.
 - 2. Current History: recent trauma or surgery, pregnancy or postpartum, vomiting (bloody or coffee ground), bloody or black tarry stools, weakness, altered mental status, onset of symptoms and duration.
- B. Specific Objective Findings:
 - 1. Level of consciousness, vital signs
 - 2. Signs of trauma
 - 3. Tenderness, rigidity, distention, guarding
 - 4. Pulsatile mass in abdomen
 - 5. Vaginal bleeding (See Hemorrhage Protocol)
 - 6. Descriptions of pain:
 - a. Location of the pain
 - b. Quality
 - c. Radiation, associated pain
 - d. Severity
 - e. Time of onset, duration
 - 7. Associated vomiting (bloody or coffee ground)
 - 8. Bowel habit changes (black or bloody stools)

II. Management

- A. Utilize universal precautions.
- B. Evaluate and maintain airway, provide oxygenation and support ventilation as needed.
- C. Position patient in a position of comfort if pain is non-traumatic. If trauma related, refer to Trauma protocol.
- D. Do not allow patient to take anything by mouth.
- E. **Acute abdominal pain** (unstable vital signs, trauma, AAA, pregnancy, vaginal bleeding, moderate/severe pain.)

B S P

**S P
P**

- 1. If suspected abdominal aneurysm, with hypotension, **apply** PASG.
- 2. Transport
- 3. Obtain vascular access.
- 4. Monitor EKG.
- 5. **If symptoms of shock develop**, see Non-Cardiogenic Shock Protocol.

CONTACT MEDICAL CONTROL

**S P
P
B S P**

- 6. **Possible orders post radio contact:**
 - a. Additional IV fluids
 - b. For possible kidney stones, consider pain management.
 - c. Consider PASG **inflation** for hypotensive patient with dissecting abdominal aneurysm

B S P

- F. **Non-acute abdominal pain (stable vitals, no trauma, mild pain):**
 - 1. Transport

CONTACT MEDICAL CONTROL

S P

2. Possible orders post radio contact:
a. Consider vascular access

M B S P

- IV. **Special Considerations:**
- A. Extensive palpation of the abdomen serves little purpose in the field. Limit palpation to tell if it feels rigid, soft or obvious pulsatile mass is present.
 - B. **Do not check for rebound tenderness.**
 - C. Aneurysms sometimes may have associated lumbar or flank pain. These patients may also describe a tearing type pain.
 - D. Gather history of female's last menstrual cycle for possible ectopic pregnancy.

5/12/98