

Abdominal Pain

Protocol

Douglas County KS EMS System

November 2022

Referenced Procedures: None

Goals for Patient Care:

- Identify life-threatening causes of abdominal pain
- Improve patient comfort

Medications:

| ADULT Medications: | PEDIATRIC Medications: Refer to HandTevy |
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| <ul style="list-style-type: none">• Ondansetron:<ul style="list-style-type: none">○ 4 mg IV/IO slow over 30 seconds. Repeat X 1○ 4mg ODT SL, may repeat x 1• Fentanyl: 25-100mcg IV/IO Slow Push, IM/IN (Titrate to effect, may repeat 5-10 min) (<i>Total Max. dose 400mcg</i>)• Normal Saline: 500mL, IV/IO for dehydration, hemodynamic instability | <ul style="list-style-type: none">• Ondansetron: 0.1 mg/kg IV slow repeat x 1 (max 4mg)<ul style="list-style-type: none">○ <i>Contraindicated under 2 years</i>• Fentanyl: 1 mcg/kg, up to 100mcg. IV/IO Slow Push, IM/IN (Titrate to effect, may repeat 5-10 min) (<i>Total Max. dose 400mcg</i>)• Normal Saline: 20 ml/kg, IV/IO for dehydration, hemodynamic instability |

Abdominal pain is the most common complaint presenting in Emergency Departments across the US. It can have many etiologies –it can be something benign (e.g. constipation) requiring over the counter medications, something requiring oral prescription medications (e.g. diverticulitis), or something life-threatening (e.g. ACS or leaking AAA). Based upon vitals and clinical presentation, one should create a reasonable differential diagnosis and treat accordingly.

Procedures/Interventions:

- Assess abdomen and consider differential diagnosis
- Consider ECG in patients with upper abdominal pain
- Determine last menstrual period in fertile females
- Establish IV access/IO as clinically indicated
- If signs/symptoms indicate dehydration or hemodynamic instability, administer up to 500mL of NS
- Administer Ondansetron for nausea
- Administer fentanyl for pain as clinically indicated (See Pain Management Protocol)

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Considerations

Considerations for crews on scene prior to ambulance arrival

- Always determine possibility of pregnancy in female of child bearing age
- Monitor V/S closely for changes
- Obtain history of abdominal surgeries
 - Gall bladder, bowel, appendix, uterus/ovaries, etc.
- Determine bowel/bladder symptoms
 - Recent bowel movements
 - Pain, blood, odor, color, diarrhea, constipation, etc.
- Determine if bleeding in urine, stool, emesis: color, clotting, amount
- Physical exam: determine guarding, rigidity, distention, bruising, tenderness, etc.