Medical Protoco

2.0A Abdominal Pain (Non Traumatic) Adult

EMT STANDING ORDERS



- Routine Patient Care.
- Consider acquiring and transmitting a 12-Lead EKG for upper abdominal or epigastric pain, see 12-Lead Acquisition Protocol 6.0.
- Vaginal bleeding or suspected pregnancy see, Obstetrical/Gynecological Emergencies Protocol 2.16.

ADVANCED EMT STANDING ORDERS



If patient is hypotensive, consider fluid per Shock – Non-traumatic Protocol 2.21.

PARAMEDIC STANDING ORDERS



- See Pain Management Protocol 2.17A.
- See Nausea/Vomiting Protocol 2.12.
- Assess and monitor cardiac rhythm.

Abdominal Physical Assessment

- Gently palpate for tenderness, rebound tenderness, distention, rigidity, guarding and/or masses.
- Palpate flank for CVA (costovertebral angle) tenderness.
- An acute abdomen is rigid with guarding, distention, and diffuse tenderness and may indicate a surgical emergency.
- Common causes of acute abdominal pain may be appendicitis, cholecystitis, bowel perforation, diverticulitis, abdominal aortic aneurysm, ectopic pregnancy, pelvic inflammatory disease or pancreatitis.

PEARLS:

- It is important to remember that abdominal pain can be caused by a number of different disease processes. Pain may originate from the esophagus, stomach, intestinal tract, liver, pancreas, spleen, kidneys, male or female reproductive organs or bladder. Referred pain from the chest may involve the heart, lungs and pleura.
- Patients with abdominal pain and signs and symptoms of shock may have severe electrolyte abnormalities. This may result in cardiac arrhythmias which can be life threatening.
- Abdominal pain in women of child bearing age (12-50 years old) should be treated as an ectopic pregnancy until proven otherwise.
- Myocardial infarction can present with abdominal pain especially in the diabetic and elderly.
- DKA may present with abdominal pain, nausea and vomiting. Check blood sugar.
- The diagnosis of abdominal aneurysm should be considered with abdominal pain in patients over 50 years old.