



Abdominal Pain

Assessment

Pediatric Pearls:

- Use pediatric dosing of medications or electrical therapy for a pediatric patient < 37 kg and as defined by the PEDIA Tape.
- DKA often presents with abdominal pain, nausea, and vomiting.

Signs & Symptoms:

- Pain
- Nausea
- Vomiting
- Diarrhea
- Dysuria
- Constipation
- Vaginal bleeding / discharge
- Pregnancy
- Fever

Differential:

- Pneumonia or P.E.
- Hepatitis or Pancreatitis
- Gastroenteritis
- Peptic Ulcer Disease
- Myocardial Infarction or CHF
- Kidney Stone
- Aortic Aneurysms
- Appendicitis
- Bladder/Prostate Disorder
- Pelvic – Pregnancy, Ectopic, STI, PID, Ovarian Cyst
- Diverticulitis
- Bowel Obstruction

Clinical Management Options

P	P	P	P	P	P	<ul style="list-style-type: none"> • Oxygen, target SpO₂ 92% – 96% • Nausea and Vomiting Guideline as needed 	
L	L	L	L	L	L		
1	2	3	4	5	6		
							<ul style="list-style-type: none"> • IV / IO access as appropriate for patient condition • IV fluid with isotonic crystalloid as needed for dehydration
							<ul style="list-style-type: none"> • ECG Assessment
							<ul style="list-style-type: none"> • Pain Management Guideline as needed

Consult Online Medical Control As Needed

Pearls:

- Refer to drug formulary charts for all medication dosing for both adults and pediatric patients.
- Abdominal pain in women of childbearing age should be treated as an ectopic pregnancy until proven otherwise.
- The diagnosis of abdominal aneurysm should be considered with abdominal pain in patients over 50 Y/O.
- Orthostatic v/s do not need to be assessed on obviously Hypotensive patients.
- Mesenteric ischemia presents with severe pain with limited exam findings. Risk factors include age > 60, atrial fibrillation, CHF and atherosclerosis.
- For all female patients ask about last menstrual period.
- Ultrasound to determine free fluid in abdominal cavity
- Ultrasound to determine possible pregnancy.