ABDOMINAL PAIN / NONTRAUMATIC

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Information Needed:

- Discomfort or pain: OPQRST (Onset, Provocation, Quality, Region, Radiation, Severity, Time)
- Associated symptoms: indigestion, fever or chills, nausea, vomiting, diarrhea, diaphoresis, dizziness, shortness of breath
- Gastrointestinal: time and description of last meal, description of vomit if any, time of last bowel movement and description of feces (color, consistency, presence of blood, etc.)
- Urination: difficulty, pain, burning, frequency and description (color, consistency, unusual odor, presence of blood, etc.)
- Gynecological: last menstrual period, vaginal bleeding, history of GYN problems, vaginal discharge, sexual activity, trauma, and possibility of pregnancy
- Medical history: surgery, related diagnoses (e.g., infection, pelvic inflammatory disease, hepatitis, gallstones, kidney stones, etc.) medications (over the counter and prescribed) and other self-administered remedies (baking soda, Epsom salts, enemas, etc.)

Objective Findings:

- General appearance: severity of pain, skin color, diaphoresis
- Abdominal tenderness (guarding, rigidity, distention)
- Pulsating masses
- Quality of femoral pulses
- Consider 12 lead EKG

Treatment:

- Position of comfort
- NPO
- Routine Medical Care
- Consider IV access
- If hypotensive (SBP<90 or signs of poor perfusion), fluid challenge of 250-1000 ml NS. If SBP remains <90 continue fluid resuscitation. Titrate to SBP of 90 or symptoms of improved perfusion.
- Consider morphine sulfate 2 - 5 mg slow IVP for discomfort. May repeat morphine in 2-5 mg increments q 5 minutes or more up to 20 mg.

- If unable to establish an IV up to 5 mg of morphine sulfate may be administered IM. May repeat in up to 5 mg increments q 10 minutes to a max of 20 mg.
- Prior to the administration of morphine sulfate, and prior to each repeat dose, the patients pain and vital signs should be reassessed. The patient must have a SBP>90 mmHg, respirations>12, and awake to report pain.

Precautions and Comments:

- If primary or secondary survey indicates shock, initiate transport early
- Upper abdominal pain or "indigestion" may reflect cardiac origin. Refer to Chest Pain/Discomfort Of Suspected Acute Coronary Syndrome.