

## A. Introduction

A complete and thorough assessment of the abdomen in patients with any type of abdominal complaint will help the rescuer to identify possible life threatening conditions as well as rule out some of these conditions.

There are many causes of acute abdominal pain and, while most are not associated with life-threatening problems, there are others that should be of immediate concern in the field. Be particularly suspicious of elderly patients with a complaint of abdominal pain radiating to the back or pain without a history of recent injury. Suspect abdominal aortic aneurysm in these patients. Any sexually active female of child bearing age with a complaint of sudden onset of lower quadrant pain should be highly suspect of having an ectopic pregnancy until proven otherwise. While the incidence of these causes may be relatively low, the consequences of a missed diagnosis will likely be grave.

## B. Procedure

### EMR / BLS

1. Assessment of the abdomen should be conducted in an orderly and systematic manner.
2. Assessment of the abdomen should begin by questioning the patient:
  - a) Ask the patient to describe their symptoms as completely as they can (local, diffuse, when, where). Use the OPQRST method. Is it constant or spasmodic?
  - b) Determine if the patient has had any other associated symptoms (nausea, vomiting, fever, diarrhea, bleeding).
  - c) Ascertain pertinent past medical history including similar episodes (any surgeries, cancer, etc.).
  - d) Determine last menstrual period. Is there any history of vaginal bleeding or discharge?
  - e) Ask whether there have been any changes in bladder or bowel habits.
  - f) Is there any vomiting? What does it look like (dark, bright, coffee ground, green).
  - g) Any history of esophageal or rectal bleeding?
3. Inspect the abdomen. Look for any bruising or discolorations, obvious protuberance or masses, and asymmetry of the abdomen.
4. Palpate the abdomen while the patient is supine. Using the pads of the fingers, begin in the quadrant farthest away from the area of pain and apply light to moderate pressure in a steady manner. Note whether the area is soft or rigid, tender or non-tender. Note the presence of any pulsating masses but be cautious of palpating these. Continue palpation of all four quadrants in a clockwise fashion.
5. Assess vital signs. Treat hypotension per **(Protocol 12)**. Palpate pulses in the lower extremities. Note whether equal or if absent.

6. Consider the possible causes based on history and physical assessment. Remember "GUTPAINS"

**G** Gallstones, gas pains, gastroenteritis, gastritis, GYN.

**U** Ulcers.

**T** Trauma.

**P** Pancreatitis, Pelvic Inflammatory Disease (PID), pregnancy.

**A** Abdominal aortic aneurysm, appendicitis, alcoholic gastritis.

**I** Infection, intestinal obstruction, ischemic bowel

**N** Neoplasm.

**S** Spasm of the esophagus, splenic rupture, stones (kidney).

## C. Treatment

### General Care

#### EMR / BLS

1. Care should be directed at supporting vital signs. Follow the appropriate protocol. Follow Initial Assessment/Care (**Protocol 1**).

#### ALS

2. The presence of abdominal pain is not a contraindication for the use of analgesics. Treat pain per (**Protocol 18**).
3. If present treat Nausea and/or vomiting:
  - a. Administer Zofran 4 mg SL (**Do not administer Zofran to pregnant females**) (**Medication 33**).

#### EMR / BLS

## D. Transport Decision

1. Any female of child bearing age presenting with abdominal pain and ANY of the following signs/symptoms should be considered to have an ectopic pregnancy and **WILL** be transported ALS to the closest appropriate facility:
  - a) Confirmed pregnancy < 6 weeks gestation.
  - b) The last menstrual period (LMP) > 6 weeks.
  - c) Referred shoulder pain.
  - d) Vaginal bleeding.
  - e) History of unprotected sexual activity since LMP.
  - f) If taking birth control any missed doses.