Abdominal Pain – 10.010

TREATMENT:

A. Treat per Universal Patient Care protocol.
B. Obtain 12 lead ECG. Treat nausea/vomiting as needed.
C. Place patient in a position of comfort.
D. If traumatic injury is suspected, consider entering the patient into Trauma System.
E. If patient has a suspected abdominal aortic aneurysm: titrate IV fluids to maintain systolic blood pressure of 90 mmHg.
F. Nothing by mouth.
G. Establish IV TKO.
H. If patient has a suspected abdominal aortic aneurysm: titrate IV fluids to maintain systolic blood pressure of 90 mmHg.

I. Treat pain per Pain Management Protocol.
    1. **Fentanyl 50 - 100 mcg slow IV/IM/IO/IN** over 1 - 2 min. May repeat **25 - 50 mcg** q 3 - 5 min to max of 200 mcg.
    2. **Morphine 2 - 10 mg IM//IV/IO**. Repeat q 5 min prn max 20 mg.
    3. **Ketamine 0.2 mg/kg IV or 0.5 mg/kg IM** for pain refractory to 200 mcg of Fentanyl or 20 mg of Morphine. *Mix with 100ml NS and Give slowly over 10 min* May consider in patients with B/P < 90 mmHg Systolic.

PEDIATRIC PATIENTS:

A. Consider non-accidental trauma.
B. Monitor vital signs q 5 min.
C. **Fentanyl 0.5 mcg/kg IV/IM/IO** or **1 mcg/kg IN.** May repeat q 3 - 5 min prn to a max of 4 mcg/kg. Do not exceed adult dosing.
D. For children *< 20 kg* **Morphine 0.1 mg/kg IV/IM/IO**. May repeat q 3 - 5 min. Do not exceed adult dosing.

NOTES & PRECAUTIONS:

A. Abdominal pain may be the first sign of catastrophic internal bleeding (ruptured aneurysm, liver, spleen, ectopic pregnancy, perforated viscous, etc).
B. Since the bleeding is not apparent you must think of volume depletion and monitor the patient closely for signs of shock.

KEY CONSIDERATIONS:

Inferior MI, ectopic pregnancy, abdominal aortic aneurysm, recent trauma, perforated viscous, emesis type and amount, last meal, bowel movements, urinary output, ruptured spleen or liver, GI bleed, abnormal vaginal bleeding.