# Abdominal Pain

**Assessment:**

**Pediatric Pearls:**
- < 37 kg
- 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 Pulmonary embolus
- Liver (hepatitis, CHF)
- Peptic ulcer disease / Gastritis
- Gallbladder
- Myocardial Infarction
- Pancreatitis
- Kidney Stone
- Abdominal aneurysm
- Appendicitis
- Bladder / Prostate disorder
- Pelvic (PID, Ectopic pregnancy, ovarian cyst)
- Mesenteric ischemia
- Diverticulitis
- Bowel obstruction
- Gastroenteritis (infectious)

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**Clinical Management Options:**

- **Oxygen**, Target SPO2 92% ↔ 96%
- IV access
- Adult: N/V **Ondansetron** (Zofran) PO/IM/IV
- Pediatric: N/V **Ondansetron** (Zofran) IV or **Ondansetron** (Zofran) PO Do Not administer if < 6kg or < 12kg
- IV fluid with **Isotonic Crystalloid** as needed for dehydration
- **Diphenhydramine** IV/IM/PO if N/V refractory to Ondansetron
- ECG Assessment
- **Pain Management Guideline** as needed
- **Haloperidol** IV/IM for refractory N/V

**Consult:**

On call **System Medical Director** as needed.

**Pearls:**
- Refer to Drug Formulary Charts for ALL Medication Dosing for Adult 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.