

M9**ABDOMINAL PAIN**

Abdominal pain or discomfort is a common complaint encountered by EMS personnel. Rapid assessment of the patient and obtaining a relevant medical history are important elements in determining the severity of the patient's condition and the urgency of the transport.

GENERAL

- personal protective equipment should be utilized as appropriate
- body substance isolation techniques and equipment should be utilized as appropriate
- primary survey
- secondary survey
- if the patient is conscious, place the patient in a position of comfort whenever possible and injuries permit
- obtain a focused history
 - recent trauma or other suspected cause of symptoms
 - onset of symptoms
 - location and radiation
 - quality
 - duration
 - associated symptoms
 - vomiting, nausea, diarrhea, incontinence
 - blood in emesis or stools
 - date of last normal menstrual period (if applicable)
 - last meal
 - last bowel movement
 - medication(s) taken for these symptom(s), and their effect(s)
 - past medical and surgical history
 - history of previous abdominal problems or surgeries
- consider load and go criteria
- give the patient nothing by mouth (NPO), unless otherwise indicated by a treatment protocol
- allow the patient to seek a position of comfort
- provide supplemental oxygen based on patient's presenting condition and vital signs
- treat for shock if indicated

- if indicated, load and go as soon as possible
 - on scene times should be kept to a minimum
 - treat other life-threatening conditions en route
- transport the patient to the nearest appropriate health care facility
 - notify the receiving health care facility of the patient's status as soon as possible
 - monitor and treat the patient en route
 - be prepared for the patient to vomit, regurgitate, or be incontinent of urine or feces
 - additional surveys and treatments should be conducted en route
- report all findings to the receiving facility staff, and document on the patient care report

Suspected Ectopic Pregnancy

- obtain a focused history, including date of last normal menstrual period and expected date of delivery
- initiate load and go
- transport the patient to a health care facility capable of operative obstetrics (if locally available)
- treat for shock, if indicated
- position patient on her left side, if possible

NOTE

- in most situations, EMS personnel cannot provide specific treatments for an abdominal pain
 - on-scene times should be kept to a minimum for this reason
- an acute abdomen occurs when the abdominal cavity is irritated by some sort of intra-abdominal pathology (appendicitis, perforated bowel, ruptured ectopic pregnancy or aortic aneurysm, etc.)
 - typically presents as abdominal pain or severe discomfort
 - a focused history is important in identifying the possible cause of the acute abdomen
 - symptoms worse with movement, better when lying still
 - abdominal tenderness and involuntary guarding
 - abdominal distension
 - rigid or distended abdomen
 - signs and symptoms of shock
 - patients with a suspected acute abdomen require rapid assessment and transport to the nearest appropriate health care facility
 - establishment of a diagnosis by EMS personnel is not necessary: EMS personnel should focus on recognizing an acute abdomen and taking appropriate steps to ensure the patient is transported without unnecessary delay

NOTES :