

2.0A Abdominal Pain (Non Traumatic) Adult

EMT STANDING ORDERS

E

- Routine Patient Care.
- Consider acquiring and transmitting a 12-Lead ECG for upper abdominal or epigastric pain, see [12-Lead Acquisition Protocol 6.0](#).
- Vaginal bleeding or suspected pregnancy see, [Obstetrical Emergencies Protocol 2.14](#).

ADVANCED EMT STANDING ORDERS

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- If patient is hypotensive, consider fluid per [Shock – Non-traumatic Protocol 2.19](#).

PARAMEDIC STANDING ORDERS

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- See [Pain Management Protocol 2.15A](#).
- See [Nausea/Vomiting Protocol 2.11](#).
- Assess and monitor cardiac rhythm.

PEARLS:

- Common causes of acute abdominal pain may be appendicitis, cholecystitis, bowel perforation, diverticulitis, abdominal aortic aneurysm, ectopic pregnancy, pelvic inflammatory disease and pancreatitis.
- It is important to remember that abdominal pain can be caused by a number of different disease processes. Pain may originate from the esophagus, stomach, intestinal tract, liver, gall bladder, pancreas, spleen, kidneys, male or female reproductive organs or urinary bladder. Referred pain from the chest may involve the heart, lungs and pleura.
- Patients with abdominal pain and signs and symptoms of shock may have severe electrolyte abnormalities. This may result in cardiac arrhythmias which can be life threatening.
- Abdominal pain in women of child bearing age should be treated as an ectopic pregnancy until proven otherwise.
- Myocardial infarction can present with abdominal pain especially in the diabetic and elderly.
- DKA may present with abdominal pain, nausea and vomiting. Check blood sugar.
- The diagnosis of abdominal aneurysm should be considered with abdominal pain in patients over 50 years old.