



ABDOMINAL EMERGENCIES

Effective: January 1, 2025
Replaces: January 1, 2023

1. Patient Care Goals

- 1.1 Identify life-threatening causes of abdominal pain
 - 1.1.1 Ischemic, necrotic, or perforated bowel
 - 1.1.1.1. Severe tenderness
 - 1.1.1.2. Abdominal pain with motion or palpation of the abdomen
 - 1.1.1.3. Fever
 - 1.1.1.4. Bloody stool
 - 1.1.1.5. Nausea and vomiting
 - 1.1.1.6. Absence of passage of stool or gas
 - 1.1.1.7. Abdominal distention with tympany to percussion
 - 1.1.2 Dissecting or ruptured abdominal aortic aneurysm
 - 1.1.2.1. Unequal femoral or distal lower extremity pulses
 - 1.1.2.2. "Pulsatile" abdominal mass
 - 1.1.2.3. Associated back and/or chest pain
 - 1.1.2.4. Known history of abdominal aortic aneurysm
 - 1.1.3 Ruptured ectopic pregnancy
 - 1.1.3.1. Vaginal bleeding
 - 1.1.3.2. Recently diagnosed pregnancy
 - 1.1.3.3. Recent missed menstrual cycle in women of childbearing age
 - 1.1.4 Appendicitis
 - 1.1.4.1. Focal right lower quadrant tenderness, possibly with rebound tenderness and guarding
 - 1.1.4.2. Right lower quadrant tenderness noted during palpation of left lower quadrant (Rovsing's Sign)
 - 1.1.4.3. Peri-umbilical or diffuse abdominal tenderness with palpation of abdomen/pelvis
 - 1.1.4.4. Fever
 - 1.1.4.5. Nausea, vomiting
 - 1.1.4.6. Lack of appetite
 - 1.1.5 Acute cholecystitis
 - 1.1.5.1. Right upper quadrant or epigastric tenderness
 - 1.1.5.2. Fever
 - 1.1.5.3. Nausea, vomiting
 - 1.1.5.4. History of gallstones
 - 1.1.6 Pyelonephritis
 - 1.1.6.1. Fever
 - 1.1.6.2. Nausea, vomiting
 - 1.1.6.3. Urinary frequency/urgency
 - 1.1.6.4. Dysuria
 - 1.1.6.5. Hematuria
 - 1.1.6.6. Back/flank pain
 - 1.1.6.7. Costovertebral angle tenderness to percussion
- 2.1 Improve patient comfort by providing appropriate treatment for pain, vomiting and shock



2. BLS Treatment

- 2.1. Routine Medical Care – Adult **(700-S04)**
 - 2.1.1. **Oxygen** – titrate as appropriate
- 2.2. Place patient in recovery position or position of comfort
- 2.3. Treat associated signs and symptoms of shock as appropriate **(700-A10)**

3. ALS Treatment

- 3.1. **Vascular Access (IV)**, as necessary to provide analgesia and/or fluid resuscitation
- 3.2. **Consider Fluid Bolus**
 - 3.2.1. As needed for fluid loss from vomiting/diarrhea
 - 3.2.1.1. **250ml Fluid Bolus**, if patient has clear lung sounds
 - 3.2.1.2. May repeat once if pain persists and lung sounds remain clear
 - 3.2.2. If signs or symptoms of shock, treat according to **(700-A10)**
- 3.3. If patient presents with nausea and/or vomiting administer **Ondansetron (Zofran) 4mg ODT/ IV**
 - 3.3.1. May repeat once after 10 minutes without relief of symptoms, total dose 8 mg
 - 3.3.2. Consider Ondansetron (Zofran) administration prior to pain management
- 3.4. Manage pain according to Routine Medical Care – Adult **(700-S04)**

4. Pertinent Assessment Findings

- 4.1.1. Rebound tenderness
- 4.1.2. Guarding
- 4.1.3. Abdominal distention
- 4.1.4. Abdominal tympany to percussion
- 4.1.5. Tenderness focal to a specific abdominal quadrant
- 4.1.6. Presence of “pulsatile” abdominal mass
- 4.1.7. Absence of or significant inequality of femoral or distal arterial pulses in lower extremities
- 4.1.8. Hyper or hypothermia
- 4.1.9. Rectal bleeding, hematemesis, vaginal bleeding
- 4.1.10. Jaundice

5. Key Documentation Elements

- 5.1.1. Assessment of abdomen to include findings on palpation/percussion including presence or absence of masses and presence/nature of pain
- 5.1.2. Treatment and response to treatment, including repeat vital signs/pain scale