

# Abdominal Pain Vomiting and Diarrhea



## History

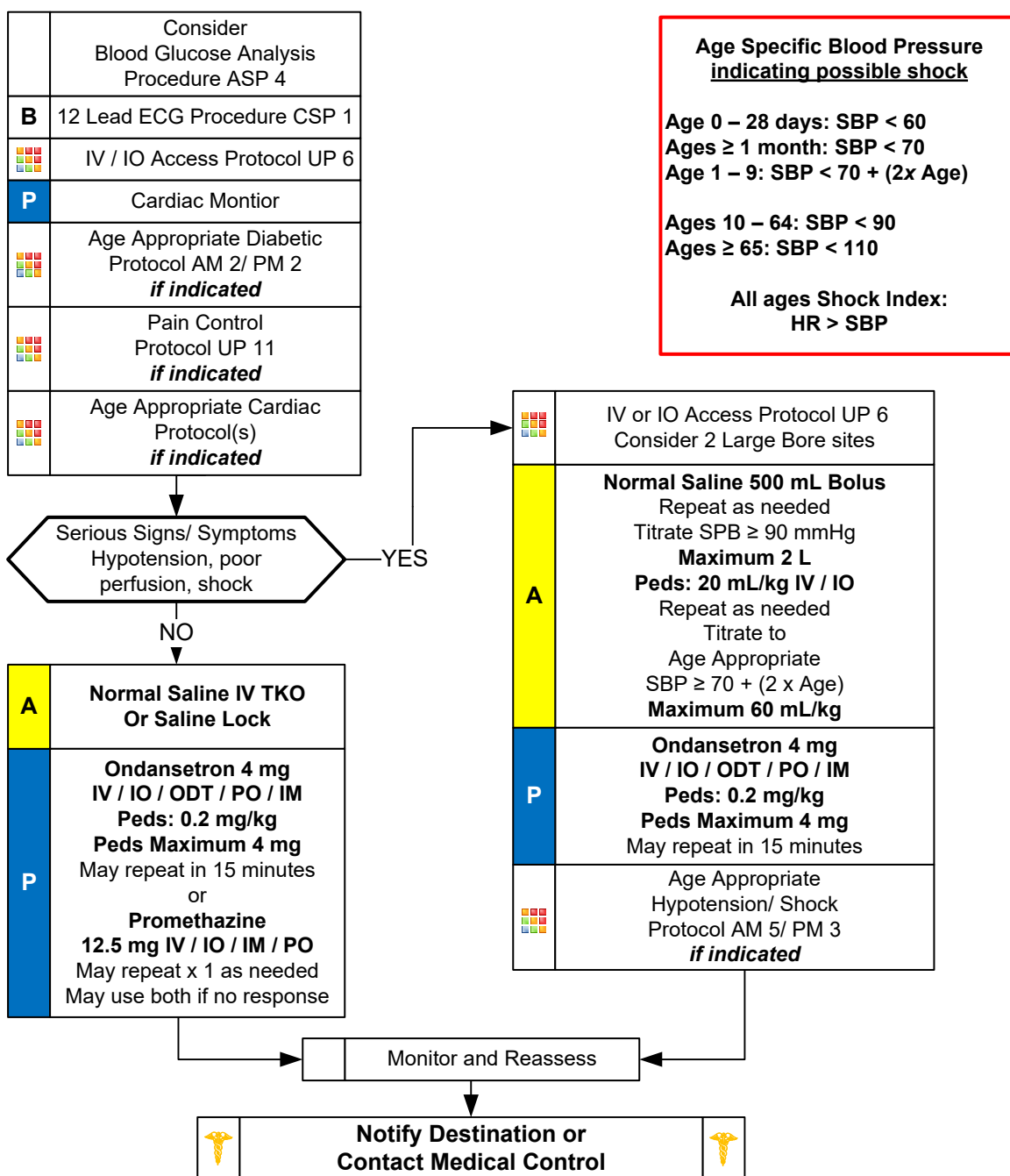
- \* Age
- \* Time of last meal
- \* Last bowel movement/emesis
- \* Improvement or worsening with food or activity
- \* Duration of problem
- \* Other sick contacts
- \* Past medical history
- \* Past surgical history
- \* Medications
- \* Menstrual history (pregnancy)
- \* Travel history
- \* Bloody emesis / diarrhea

## Signs and Symptoms

- \* Pain
  - \* Character of pain (constant, intermittent, sharp, dull, etc.)
  - \* Distention
  - \* Constipation
  - \* Diarrhea
  - \* Anorexia
  - \* Radiation
- Associated symptoms:**
- \* Fever, headache, blurred vision, weakness, malaise, myalgias, cough, headache, dysuria, mental status changes, rash

## Differential

- \* Diabetic ketoacidosis
- \* OB-Gyn disease (ovarian cyst, PID, Pregnancy)
- \* CNS (increased pressure, headache, stroke, CNS lesions, trauma or hemorrhage, vestibular)
- \* Myocardial infarction
- \* Drugs (NSAID's, antibiotics, narcotics, chemotherapy)
- \* GI or Renal disorders
- \* Infections (pneumonia, influenza)
- \* Electrolyte abnormalities
- \* Food or toxin induced
- \* Medication or Substance abuse
- \* Psychological



# Abdominal Pain Vomiting and Diarrhea



## Pearls

- \* **Recommended Exam:** Mental Status, Skin, HEENT, Neck, Heart, Lungs, Abdomen, Back, Extremities, Neuro
- \* **Abdominal/ back pain in women of childbearing age should be treated as pregnancy related until proven otherwise.**
- \* **The diagnosis of abdominal aneurysm should be considered with abdominal pain, with or without back and/ or lower extremity pain or diminished pulses, especially in patients over 50 and/ or patients with shock/ poor perfusion. Notify receiving facility early with suspected abdominal aneurysm.**
- \* **Consider cardiac etiology in patients > 35, diabetics and/ or women, especially with upper abdominal complaints.**
- \* **Heart Rate:** Tachycardia is one of the first clinical signs of dehydration and volume depletion and typically increases as dehydration becomes more severe.
- \* **Nausea without vomiting should be treated like vomiting. Patient will benefit from symptom control with antiemetic even if not actively vomiting.**
- \* **Promethazine (Phenergan):**  
May cause sedative effects in pediatric patients and in ages  $\geq 65$ , and the debilitated, etc.)  
When giving promethazine IV, dilute with 10 mL of normal saline and administer slowly as it can also harm the veins.
- \* **Isolated vomiting in children is common but can be a sign of more serious pathology. Pyloric stenosis, bowel obstruction, and CNS processes (bleeding, tumors, or increased CSF pressures) all often present with vomiting.**
- \* **Vomiting and diarrhea are common symptoms, but can be the symptoms of uncommon and serious pathology such as stroke, CO poisoning, acute MI, new onset diabetes, diabetic ketoacidosis (DKA), and organophosphate poisoning. Maintain a high index of suspicion for serious pathology.**