

Abdominal Pain in Children

A detailed, practical triage guide for parents — what's common, what helps, and when to worry.

At-a-glance

- What this is: Belly pain is common and often not dangerous. The goal is to support comfort, watch hydration, and spot red flags early.
- Typical ages: All ages; causes differ in infants, school-age children, and teens.
- What to do today: Check hydration, offer small frequent fluids, rest, track symptoms, and consider constipation as a common cause.

- △ Red flags (urgent/ER): Severe/worsening pain, right-lower-belly tenderness with fever/vomiting, repeated vomiting (especially green), blood, dehydration, very unwell.
- When to see a clinician: Same-day for red flags. Routine visit for recurring pain (>2 weeks), poor growth/weight loss, or symptoms affecting school.

What it is (plain language)

Abdominal (belly) pain is very common in children. Most cases are not dangerous and improve with simple steps.

The key is to recognize red flags and to treat common causes early (especially constipation).

- Common causes: constipation, viral illness, gas, reflux, anxiety/stress, food intolerance.
- Less common but important: appendicitis, bowel obstruction, urinary infection, inflammatory bowel disease, celiac disease.

Why it happens (causes & triggers)

- Constipation (most common): pain often around the belly button or lower belly; hard stools or infrequent stool.
- Stomach bug: crampy pain + diarrhea/vomiting.
- Appendicitis: pain often starts near belly button and moves to right lower belly; worsens with movement.
- Urine infection: pain with pee, frequent pee, fever.
- Stress-related/functional pain: pain often daily, around belly button, normal growth and exam, may worsen with school stress.

Symptoms by age group (what's normal vs not normal)

- Infants/toddlers: more likely to show crying, pulling legs, poor feeding. Vomiting or lethargy is more concerning.

- School-age: can describe location; functional pain common; still watch for fever, weight loss.
- Teens: consider menstrual pain, pregnancy (if applicable), inflammatory conditions.

Home care and what helps (first 24-48 hours)

- Check hydration: urine at least every 6-8 hours, moist mouth, tears when crying.
- Small frequent fluids; simple foods if hungry (toast, rice, soup). Don't force eating.
- Warm pack on belly; quiet rest.
- If constipation is likely: start constipation plan (fluids, fiber foods, toilet sits, clinician-advised stool softener).
- Avoid ibuprofen if dehydrated or vomiting; acetaminophen may be safer for discomfort (use age/weight dosing).

✓ Symptom tracker (write this down)

Pain location (point with one finger), timing, severity (0-10), fever, vomiting/diarrhea, last stool, last urine, appetite, and what helped.

What NOT to do

- Do not ignore persistent worsening pain.
- Avoid laxatives/enemas if severe pain + vomiting + swollen belly (possible obstruction) — seek care.
- Avoid high-sugar drinks if diarrhea (can worsen).

When to worry: triage guidance

- Call 911 / Emergency now: very sleepy/hard to wake, severe belly swelling, trouble breathing, bluish lips, signs of shock.
- Same-day urgent visit: severe or worsening pain, pain in right lower belly with fever/vomiting, repeated vomiting (especially green), blood in stool or vomit, dehydration, testicle pain, severe headache/neck stiffness with belly pain.
- Book a routine appointment: pain lasting >2 weeks, recurring pain affecting school, weight loss, poor growth, ongoing constipation/diarrhea, waking from sleep with pain.
- Watch at home: mild pain with normal energy, no red flags, improving over 24-48 hours.

How doctors diagnose it

- Clinician will focus on red flags, stool pattern, urinary symptoms, and exam of belly.
- Tests may include urine test, blood tests, or ultrasound depending on symptoms.
- Many children with typical functional pain do not need extensive testing.

Treatment options

- Constipation: structured plan (routine + stool softener if advised).
- Viral gastroenteritis: fluids and comfort; anti-vomiting medicine sometimes prescribed.
- Functional abdominal pain: reassurance, regular meals/sleep, stress supports, and treating constipation; sometimes gut-directed therapy.
- Serious causes: surgical or hospital care if appendicitis/obstruction suspected.

Expected course & return to school

- Most mild belly pain from common causes improves within 1-3 days.
- Return to school when hydration is good and pain is manageable.
- Seek reassessment if symptoms are not trending better.

Printable tools

Use the trackers below to help you and your clinician.

- A 7-day symptom diary
- Red flags fridge sheet
- Constipation checklist (since constipation is a common cause).

Symptom diary (7 days)

Day	Pain location	Pain score	Fever?	Vomiting/diarrhoea	Stool	Urine	Notes
1							
2							
3							
4							
5							
6							
7							

⚠ Red flags reminder

If pain is severe or worsening, especially with fever, repeated vomiting, green vomit, blood, dehydration, or right-lower-belly tenderness, seek urgent care.

Credible sources and last updated date

- American Academy of Pediatrics (HealthyChildren.org): abdominal pain guidance for families.
- Children's hospital resources (for example: CHOP, Seattle Children's) on abdominal pain and appendicitis warning signs.
- NICE/clinical pathways for acute abdominal pain and appendicitis (general principles).

Last reviewed/updated on: 2025-12-26

Safety disclaimer

This guide supports—not replaces—care from your child's clinician. If you are worried that your child is very unwell, has severe pain, trouble breathing, repeated vomiting, or signs of dehydration, seek urgent medical care right away.