

Abdominal Pain in Children: A Practical Parent Guide

Age-based differential, home triage, constipation check, and when to test.

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Quick note:

This guide is for general education. It cannot diagnose your child. If you are worried, trust your instincts and seek medical care.

Start with safety: what needs urgent care

- Severe pain with a very swollen belly, persistent vomiting, or cannot keep fluids down.
- Blood in stool (especially with fever or severe pain).
- Pain in the right lower belly with fever or worsening tenderness (possible appendicitis).
- Testicular pain/swelling in boys (urgent evaluation).
- Dehydration, lethargy, or looks very unwell.

If unsure, seek urgent medical assessment.

Common causes by age (high yield)

Abdominal pain is very common. Most causes are not dangerous, but careful triage matters.

- Toddlers: constipation, viral illness, urinary infection, swallowed air, lactose/fructose overload, occasional intussusception.
- School age: constipation, functional abdominal pain, reflux symptoms, anxiety/stress, gastroenteritis.
- Teens: constipation, functional pain/irritable bowel syndrome, reflux, menstrual pain, gallbladder issues (selected), inflammatory bowel disease (less common).

Constipation check (a fast checklist)

- Hard or painful stools, stool holding, belly pain that improves after stooling.
- Large stools that clog the toilet.
- Stool accidents or skid marks.
- Less frequent stools than usual.

If several items are true, constipation is likely contributing even if the child stools 'most days'.

Functional pain (when tests are often not needed)

Functional abdominal pain means the pain is real but not caused by a dangerous structural disease. It is diagnosed by a good history and normal exam, especially when growth is normal.

- Pain may be around the belly button, comes and goes, and may be linked to stress or meals.
- The goal is to keep normal life going: school attendance, sleep, activity, and reassurance.
- Treat constipation, sleep issues, and anxiety triggers when present.

When to test (red flags that change the plan)

- Poor growth, weight loss, delayed puberty, persistent vomiting.
- Chronic diarrhea, blood in stool, nighttime symptoms that wake the child.
- Persistent fever, joint pains, mouth ulcers, significant fatigue.
- Family history of inflammatory bowel disease or celiac disease (especially with symptoms).
- Abnormal exam: tenderness with guarding, enlarged liver/spleen, perianal disease.

Practical home steps (while waiting for care)

- Hydration: encourage fluids; avoid large amounts of juice/soda.
 - Simple meals: small, bland foods if nausea; avoid forcing.
 - Constipation support: increase water, fiber gradually, and consider clinician-approved stool softener if constipation is clear.
 - Track: stool pattern, triggers, location of pain, associated symptoms.
- Avoid giving strong pain medicines without advice; some can worsen constipation.

Key sources (for clinicians and curious parents)

These are major guideline-style references used to shape recommendations. Your clinician may follow local protocols.

- Rome IV criteria and pediatric functional gastrointestinal disorder framework (functional abdominal pain disorders).
- NASPGHAN education materials on functional abdominal pain and constipation.

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