

Abdominal Pain in Children: A Practical Parent Guide

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

Last updated: 2025-12-26

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

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

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

Constipation check (a fast checklist)

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

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

When to test (red flags that change the plan)

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

Practical home steps (while waiting for care)

- bullet Hydration: encourage fluids; avoid large amounts of juice/soda.
- bullet Simple meals: small, bland foods if nausea; avoid forcing.
- bullet Constipation support: increase water, fiber gradually, and consider clinician-approved stool softener if constipation is clear.
- bullet 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.

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

Copyright: You may share this guide for non-commercial education with attribution to PedsgIMind.