27. Epigastric Pain Algorithm

This clinical pathway is intended to supplement, rather than substitute for, professional judgment and may be changed depending upon a patient's individual needs. Failure to comply with this pathway does not represent a breach of the standard of care.

Adult with Epigastric Pain

- Monitor and support ABCs
- Provide immediate analgesia See Analgesia Chart
- Check vital signs (BP, PR, RR, SPO₂, T°C, RBS)
- Start Oxygen IF $SPO_2 < 94\%$. Maintain $SPO_2 \ge 94\%$
- Obtain/review 12-lead ECG if elderly, diabetic or hypertensive

Perform a focused history and physical examination, evaluating;

- Duration of symptoms
- Risk factors for potentially serious conditions ACS, Pancreatitis, DKA, Cholecystitis, Perforate Ulcer, Pre-eclampsia/Eclampsia, HELLP
- Send blood samples for FBC, UEC, Lipase.
- Additional testing as indicated;
 - hsTroponin T ? ACS (elderly, diabetics, hypertensives)
 - LFTs ? Cholecystitis, Pre-eclampsia/Eclampsia, HELLP
 - Erect CXR ? Perforated ulcer, Pancreatitis, Pneumonia
 - VBG Hyperglycaemic patients, Pancreatitis
- PDT ? Ectopic pregnancy

Other Causes of Epigastric Pain Treat accordingly

Probable Dyspepsia

- Stool H. Pylori Antigen Test (see indications)
- Antacid Gel PRN + Ranitidine 50 mg IV

Indications for Stool H. pylori Antigen testing

- Active peptic ulcer disease (gastric or duodenal ulcer)
- Confirmed history of peptic ulcer disease (not previously treated for H. pylori)
- Gastric MALT lymphoma (low grade)
- After endoscopic resection of early gastric cancer
- Uninvestigated dyspepsia < 55 yr and with no "alarm features" (bleeding, anemia, early satiety, unexplained weight loss, progressive dysphagia, odynophagia, recurrent vomiting, family history of GI cancer, previous oesophagogastric malignancy).

H. Pylori Positive

Symptomatic Treatment

- Antacid Gel 20-60mins after meals and at bedtime or PRN (for symptom control)
- -Paracetamol (stop ALL NSAID use)
- -Dietary advice

PLUS

Eradication Therapy

Drug	Dosing	Duration
PPI,	Standard dose BD*,	14 days
Clarithromycin,	500 mg BD,	
Amoxicillin,	1000 mg BD,	
Metronidazole	400 mg BD	

*Standard doses are esomeprazole 20 mg, lansoprazole 30 mg, omeprazole 20 mg, pantoprazole 40 mg, and rabeprazole 20 mg

Consider OGD (see indications below)

H. Pylori Negative

Symptomatic Treatment

- Antacid Gel 20-60mins after meals and at bedtime or PRN (for symptom control)
- -Paracetamol (stop ALL NSAID use)
- -Dietary advice

PLUS

Acid Suppression Therapy

-PPI standard dose x 4 weeks

Consider OGD (see indications below)

Indications for Oesophagogastroduodenoscopy (OGD)

- age > 55 yr
- bleeding,
- anaemia,
- early satiety,
- unexplained weight loss (>10% body weight),
- progressive dysphagia,
- odynophagia,

- persistent vomiting,
- a family history of gastrointestinal cancer,
- previous oesophagogastric malignancy,
- previous documented peptic ulcer,
- lymphadenopathy,
- an abdominal mass