

Abdominal Pain  
Gastrointestinal Bleeding  
Nausea & Vomiting  
Overdose & Poison Ingestion

GEMRU Protocols

# Abdominal Pain

# Etiology

- Traumatic (falls, vehicle crashes, fights)
  - Open injuries have risk of infection
  - Closed injuries are just as serious but do not appear as such
- Acute abdomen
  - Infection of organs, peritoneum
  - Ulcers
  - Kidney stones
  - Hernias

## Other causes:

- Acute Myocardial Infarction (AMI)
- Diabetic Ketoacidosis (DKA)
- Pregnancy
- Ingestion of toxins

# Assessment

- Primary Assessment (XCAB)
  - C/C will be pain
  - Ensure patent airway and oxygenation (to treat shock)
- SAMPLE
  - Ask about chest pain (OPQRST)
  - Ask about recent surgery
  - Ask about potential for pregnancy
  - Jaundice, NVD, edema in abdomen,
- Internal bleeding → hypovolemic shock
  - AMS
  - PCC skin
  - Tachycardia

# Treatment

- Shock treatment
  - Position of comfort
  - Control bleeding if open injury
- Rapid transport

# ALS

- If pt complains of abdominal pain and has signs/symptoms of internal bleeding, contact ALS
- If etiology does not appear to be cardiac or severe in nature, still offer to contact ALS. If pt refuses BLS care, and no emergency exists, pt can sign Refusal of Care paperwork. Encourage pt to see primary care provider

GI Bleed

# Etiology

- Trauma to abdomen
- Peptic ulcers
- Esophageal Varices



# Assessment

- Black stool
- Black or coffee-ground emesis
- Blood or dark maroon liquid in vomit or stool
- Hypotension
- SoB
- Pain
- Bruising

# Treatment

- Primary Assessment
  - Monitor airway for emesis, blood
  - Suction as needed
- Shock treatment

Call ALS if patient  
suspected of having  
GI bleed

# Nausea & Vomiting

# Etiology

Numerous potential causes

Some populations, particularly diabetics, elderly, and women, may present with nausea or vomiting instead of chest pain in AMI

- AMI
- GI Bleed
- Diabetic Ketoacidosis (DKA)
- Ruptured appendicitis
- Ingested toxins

# Assessment

- Primary Assessment
  - Monitor airway
  - Suction as needed
- Assess lung sounds (edema)
- Assess blood glucose
- SAMPLE
  - Ask about chest pain (OPQRST)
  - Consider cardiac etiology

# Treatment

- Provide emesis bag
- Shock treatment
  - Patients should have nothing to eat or drink
- Transport

Call ALS if patient has  
unexplained, severe  
NVD or if blood in  
vomit



Overdose & Poison Ingestion

1-800-222-1222

# Etiology

- Accidental
- Intentional/suicidal
  - LEA involvement
  - Not allowed to refuse transport
  - De-escalate the situation (more info in the Psychiatric Emergencies training)
- Four Routes
  - Ingestion
  - Injection
  - Inhalation
  - Skin Contact

# Assessment

- Primary Assessment
  - Airway and breathing are key
  - Overdose could cause slow respirations
- If patient has AMS, check blood glucose
- SAMPLE
  - Medication containers
  - Consider environment

# Drugs

- Cocaine
  - Tachycardia, hypertension, agitation, AMS
- Opiates
  - Pinpoint pupils, bradypnea, hypotension, sedation, slurred speech
- CO poisoning
  - O<sub>2</sub> saturation can be 100%
- Alcohol
  - Slurred speech, vomiting, bradypnea, AMS
  - ☆ Consider other causes of S/S: head injury, hypoglycemia, other toxins
- Other signs/symptoms
  - Brady/tachycardia, hypo/hypertension, hypo/hyperthermia, seizure, muscle spasms, bronchospasm

# Treatment

- Monitor airway
- If abnormal blood sugar, follow Diabetic Emergencies protocol
- Provide emesis bag
- Rapid transport

-Activated charcoal

Call ALS if  
overdose/poison  
ingestion is suspected  
(or confirmed),  
regardless of the  
substance