

RETU Abdominal Pain Pathway

Required testing prior to RETU admission

- Pregnancy test in women of reproductive age

ED
Evaluation

Not appropriate for RETU

- High suspicion of surgical pathology
- Absent bowel sounds with ileus
- Signs of intestinal obstruction

RETU Intake Evaluation
(do not repeat testing if already done in ED)

Exam Focus

- Abdominal
- Vascular

Initial Testing

- Labs: **CBC, electrolytes, glucose** (others as clinically indicated)
- **ECG** for upper abdominal pain
- Imaging: as clinically indicated

Monitoring

- serial exams Q 3-4 hours
- other as clinically indicated

Consults

- as clinically indicated

RETU Treatment

Normal saline boluses until euvolemic & symptom based management

1st
line

Nausea / Vomiting

- ondansetron 4mg (max 16mg Q4 hr)
- metoclopramide 10mg (max dose 1mg/kg Q 3 hours- add diphenhydramine to decrease EPS)

Pain

Upper abdominal pain

- GI cocktail (viscous lidocaine + maalox)
- famotidine 20mg IV

Diarrhea

- loperamide 4mg (max 16mg / day)
- * avoid if blood in stool / invasive pathogen suspected

Diffuse / crampy

- dicyclomine 20mg PO or IM
- Donnatal 1-2 tabs Q 6 hours

Non-specific

- APAP 650mg Q 4 hours
- ketorolac 15mg IV x 1

2nd
line

Oral Opiates

- Percocet 1-2 tabs Q 3 hours

3rd
line

Initial Dose

- Morphine IV x 1 dose
- age > 65: 4mg
- age < 65: 6mg

IV Opiates

wait 30 minutes

is pain controlled?

Y

N

- continue same morphine dose Q3h PRN

- Dilaudid IV x Q2h PRN
- age > 65: 0.01 mg/kg
- age < 65: 0.02 mg/kg

Disposition Guidelines

Discharge from RETU

- symptoms resolved or greatly improved
- tolerating PO fluids and medications
- vital signs normalized

Admission to Hospital

- symptoms worsening or failing to improve
- surgical pathology identified
- unable to tolerate PO despite 24 hours treatment