

Treatment Protocols***Abdominal Pain – Adult*****Date: 07/01/2023****Policy #9010A**

Stable	Unstable
Blood pressure >90 mmHg	Systolic blood pressure <90 mmHg, and/or signs of poor perfusion
Adult BLS Standing Orders	
<ul style="list-style-type: none"> Universal Patient Protocol For female patients, establish last menstrual period through age 50 years old Encourage immediate transport 	<ul style="list-style-type: none"> Universal Patient Protocol For female patients, establish last menstrual period through age 50 years old Encourage immediate transport
Adult LALS Standing Order Protocol	
<ul style="list-style-type: none"> Saline lock/IV PRN 	<ul style="list-style-type: none"> Establish IV NS 500-1,000 mL IV MR x 1 to a max of 2,000 mL to maintain a SBP of \geq 90 mmHg
Adult ALS Standing Order Protocol	
<ul style="list-style-type: none"> Monitor EKG Saline lock/IV/IO PRN Ondansetron 4 mg IV/IO/IM/ODT PRN x1, MR x1, total 8 mg Pain Management Protocol PRN 	<ul style="list-style-type: none"> Monitor EKG Establish IV/IO PRN NS 500-1,000 mL IV MR x 1 to a max of 2,000 mL to maintain a SBP of \geq 90 mmHg Ondansetron 4 mg IV/IO/IM/ODT PRN, MR x1, total 8 mg Pain Management Protocol PRN
Adult Base Hospital Orders	
<ul style="list-style-type: none"> BH - Repeat Ondansetron 4 mg 	<ul style="list-style-type: none"> BH - Repeat NS bolus BH - Repeat Ondansetron 4 mg

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- Consider 12 lead EKG in patients with diffuse or epigastric pain, as potential anginal equivalent
- Less frequently adults' abdominal pain can be anaphylaxis. Consider epinephrine IM if clinical history and exam are consistent with anaphylaxis.
- In elderly adults, abdominal pain is often a life-threatening illness. Minimize time on scene to shorten time to definitive care.
- For persistent hypotension, see **Shock Protocol**
- Signs of poor perfusion include:
 - \ddagger SBP <90 mmHg and exhibiting any of the following signs/symptoms of inadequate perfusion, e.g.,
 - Altered mental status (decreased LOC, confusion, agitation)
 - Pallor
 - Diaphoresis
 - Significant chest pain of suspected cardiac origin
 - Severe dyspnea

APPROVED:

Signature on FileKatherine Staats, M.D. FACEP
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