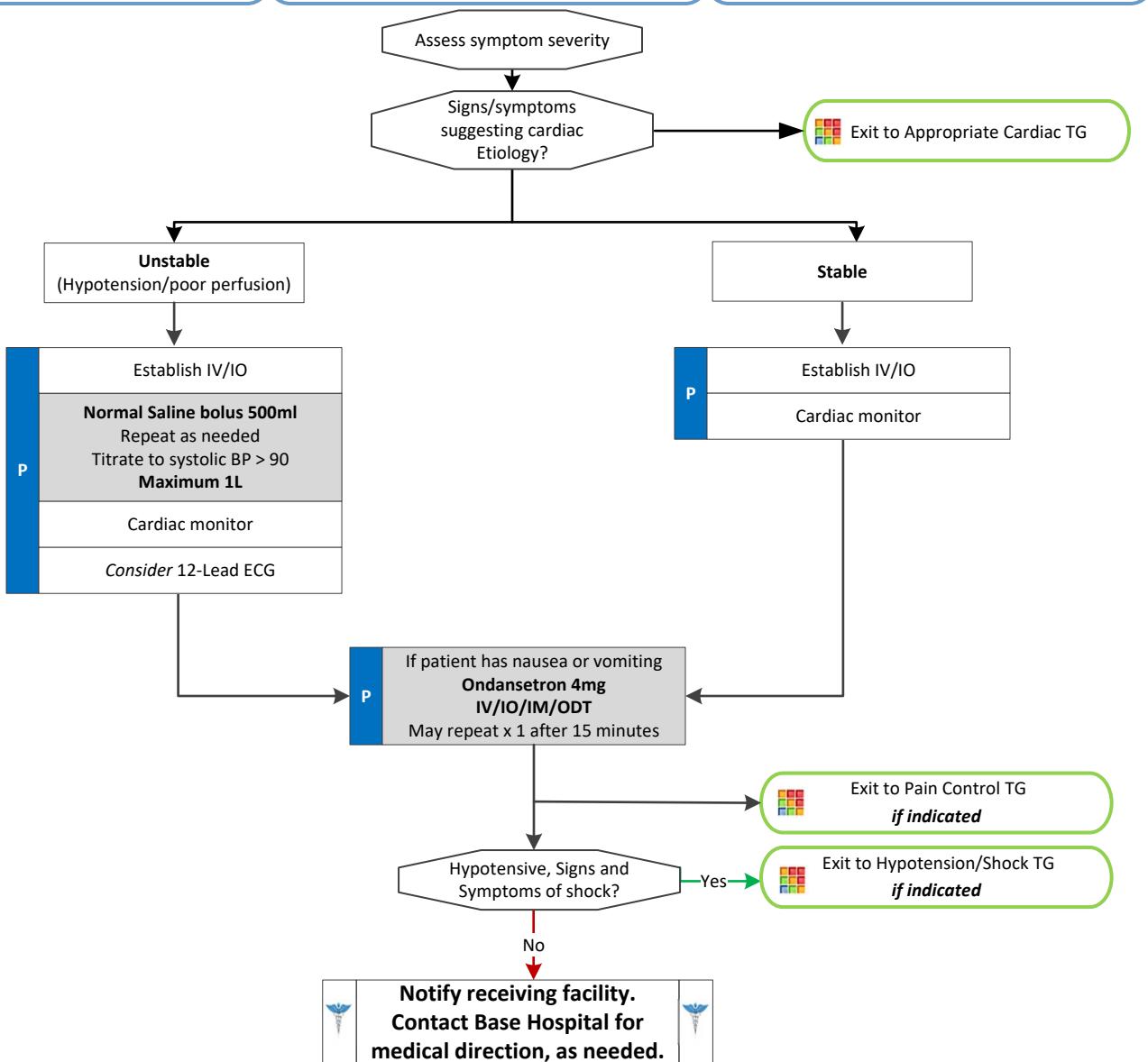


# Abdominal Pain

History	Signs and Symptoms	Differential
<ul style="list-style-type: none"> <li>• Age</li> <li>• Past medical/surgical history</li> <li>• Medications</li> <li>• Onset</li> <li>• Provocation</li> <li>• Quality (e.g. crampy, constant, sharp, dull, etc.)</li> <li>• Region / radiation/referred</li> <li>• Severity (0 – 10 scale)</li> <li>• Time (duration/repetition)</li> <li>• Fever</li> <li>• Last meal eaten</li> <li>• Last bowel movement/emesis</li> <li>• Menstrual history (pregnancy)</li> </ul>	<ul style="list-style-type: none"> <li>• Pain (location/migration)</li> <li>• Tenderness</li> <li>• Nausea</li> <li>• Vomiting</li> <li>• Diarrhea</li> <li>• Dysuria (painful or difficult urination)</li> <li>• Constipation</li> <li>• Vaginal bleeding/discharge</li> <li>• Pregnancy</li> </ul> <p><b>Associated symptoms: (Helpful to localize source)</b> Fever, headache, weakness, malaise, myalgia, cough, headache, mental status change, or rash</p>	<ul style="list-style-type: none"> <li>• Pneumonia or pulmonary embolus</li> <li>• Liver (hepatitis)</li> <li>• Peptic ulcer disease/gastritis</li> <li>• Gallbladder</li> <li>• MI</li> <li>• Pancreatitis</li> <li>• Kidney stone</li> <li>• Abdominal aneurysm</li> <li>• Appendicitis</li> <li>• Bladder/prostate disorder</li> <li>• Pelvic (PID, ectopic pregnancy, or ovarian cyst)</li> <li>• Spleen enlargement</li> <li>• Diverticulitis</li> <li>• Bowel obstruction</li> <li>• Gastroenteritis (infectious)</li> <li>• Ovarian or testicular torsion</li> </ul>



## Treatment Guideline A01

# Abdominal Pain

## Pearls

- Diabetic, females, and geriatric patients often have atypical pain, or only generalized complaints. Suspect cardiac etiology in these patients, perform a 12-Lead ECG, and investigate until proven otherwise.
- For chronic abdominal pain, consider non-narcotic pain control.
- Zofran is not indicated or useful for motion sickness.
- Document the mental status and vital signs prior to administration of anti-emetics.
- Abdominal pain in women of childbearing age should be treated as pregnancy-related until proven otherwise.
- An impression of abdominal aneurysm should be considered with severe abdominal or non-traumatic back pain, especially in patients > 50 years of age or patients with shock/poor perfusion.



## Treatment Guideline A01

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