

4100 NON-TRAUMATIC ABDOMINAL PAIN/VOMITING



Non-traumatic abdominal pain and/or vomiting

- Assess ABCs
- Ref. [Oxygen](#)
- Complete set of vital signs
- Consider life-threatening causes

- Life-threatening causes:**
- Cardiac etiology: MI, ischemia
 - Vascular etiology: AAA, dissection
 - GI bleed
 - Gynecologic etiology: ectopic pregnancy

If signs of poor perfusion AND/OR hypotension for age, see [Medical Shock](#) protocol and begin fluid resuscitation

- History:**
- Onset, location, duration, radiation of pain
 - Associated sx: vomiting, bilious emesis, GU sx, hematemesis, coffee ground emesis, melena, rectal bleeding, vaginal bleeding, known or suspected pregnancy, recent trauma

- Establish IV
 - If GI bleed, start 2nd IV
- Transport in position of comfort

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| Ref. Ondansetron PO | Ref. Ondansetron IV | Ref. Promethazine or Metoclopramide |
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Ref [Pain Management](#)

- Pediatric Patients:**
- Life-threatening causes vary by age. Consider occult or non-accidental trauma, toxic ingestion, button battery ingestion, GI bleed, peritonitis
 - For most pediatric patients without signs of shock, no IV is required and pharmacologic pain management should be limited

- Cardiac monitor and 12 lead ECG for any of the following:**
- Diabetic
 - Age > 50
 - Upper abdominal pain concerning for ACS
 - Unstable vital signs in the adult patient

- Elderly Patients:**
- Much more likely to have life-threatening cause of symptoms
 - Shock may be occult, with absent tachycardia in setting of severe hypovolemia

- Monitor and transport
- Frequent reassessment for deterioration and response to treatment