Subject: Non-Traumatic Abdominal Pain Treatment Policy
All Providers

I. PURPOSE

Provide a standardized approach for the assessment, management, and transport of patients with non-traumatic abdominal pain while prioritizing identification of life-threatening conditions and appropriate analgesia.

II. DEFINITION

Non-traumatic abdominal pain refers to discomfort originating from the abdominal cavity without a mechanism of injury. Presentations may range from benign conditions to life-threatening emergencies.

III. COMMON CAUSES / INDICATIONS

A. Appendicitis
B. Cholecystitis Pancreatitis
C. Bowel obstruction
D. Gastroenteritis
E. Kidney stones
F. Peptic ulcer disease
G. Abdominal aortic aneurysm
H. Ectopic pregnancy

IV. HIGH-RISK PRESENTATIONS

A. Hypotension or signs of shock
B. Rigid abdomen or peritoneal signs
C. Pulsatile abdominal mass
D. GI bleeding or hematemesis (vomiting blood)
E. Syncope associated with abdominal pain
F. Pregnancy or suspected ectopic pregnancy
G. Fever with severe pain
H. Older adults with sudden onset pain

V. ASSESSMENT PRIORITIES

A. Perform primary assessment focusing on airway, breathing, and circulation.
B. Obtain vital signs including temperature when available.
C. Establish continuous monitoring.
D. Perform focused abdominal exam (location, onset, character, radiation).
E. Assess for nausea, vomiting, diarrhea, or bleeding.
F. Obtain blood glucose.
G. Acquire 12-lead ECG in patients with upper abdominal pain or cardiac risk factors.

H. Determine pregnancy status when applicable
I. Evaluate for signs of sepsis or dehydration.

VI. MANAGEMENT

A. BLS INTERVENTIONS
   1. Position patient for comfort.
   2. Administer oxygen if hypoxic.
   3. Provide nothing by mouth.
   4. Minimize scene time for unstable patients.
   5. Assess pain using a standardized pain scale.
   6. Protect the airway in actively vomiting patients.
   7. Provide suction as needed.
   8. Reassess vital signs and patient condition frequently.

B. ALS INTERVENTIONS
   1. Establish IV/IO access when indicated.
   2. Provide fluids for hypotension per protocol.
   3. Administer analgesia per Pain Management protocol.
   4. Titrate medication to patient response while monitoring for respiratory depression.
   5. Administer antiemetics per protocol.
   6. Acquire 12-lead ECG in patients with upper abdominal pain or cardiac risk factors
   7. Do NOT withhold pain medication due to diagnostic uncertainty.
   8. Reassess pain and vital signs after each intervention.

VII. SPECIAL CONSIDERATIONS

A. Consider abdominal pain as a cardiac equivalent in high-risk patients.
B. Elderly patients may present atypically.
C. Diabetic patients may have subtle presentations.
D. Pregnant patients require early transport to appropriate facility.
E. Reassess frequently for deterioration.

VIII. TRANSPORT DECISION

A. Transport patients with high-risk features without delay.
B. Provide early notification for suspected surgical emergencies.
C. Continuously monitor during transport.

IX. DOCUMENTATION REQUIREMENTS

A. Pain location and severity.
B. Onset and progression.
C. Associated symptoms.
D. Vital signs and reassessments.
E. Medications administered and patient response.
F. Pregnancy status when applicable.

X. QUALITY IMPROVEMENT TRIGGERS

A. Failure to recognize high-risk features.
B. Inadequate pain reassessment.
C. Failure to obtain ECG when indicated.
D. Delayed fluid resuscitation in shock.
E. Incomplete documentation.