NONTRAUMATIC ABDOMINAL PAIN

Escambia County, Florida - ALS/BLS Medical Protocol

This protocol should be used for patients that complain of abdominal pain without a history of trauma.

Assessment should include specific questions pertaining to the GI/GU systems.

**Abdominal physical assessment includes:**

- Ask patient to point to area of pain (palpate this area last).
- Gently palpate for tenderness, rebound tenderness, distension, rigidity, guarding, and pulsatile masses. Also palpate flank for CVA tenderness.

**Abdominal history includes:**

- Hx of pain (OPQRST).
- Hx of nausea/vomiting (color, bloody, coffee grounds).
- Hx of bowel movement (last BM, diarrhea, bloody, tarry).
- Hx of urine output (painful, dark, bloody).
- Hx of abdominal surgery.
- Hx of acute onset of back pain.
- SAMPLE (attention to last meal).

Additional questions should be asked of the female patient regarding OB/GYN history (see [OB/GYN Emergencies](#)).

**All female patients of childbearing age complaining of abdominal pain should be considered to have an ectopic pregnancy (even if vaginal bleeding is absent) until proven otherwise.**

An acute abdomen can be caused by: appendicitis, cholecystitis, cystitis - UTI (bladder inflammation), duodenal ulcer, diverticulitis, abdominal aortic aneurysm, kidney infection - UTI (urinary tract infection), kidney stone, pelvic inflammatory disease - PID (female), pancreatitis, and other conditions. (see [Abdominal Pain Differential](#)).
Supportive Care

1. Medical Supportive Care Protocol.

ALS Level 1

1. If hypotensive (systolic BP <90 mmHg), administer fluid challenge of Normal Saline 250-500 ml.

ALS Level 2 *(Physician Authorization Required)*

None