



PEDIATRIC NON-TRAUMATIC 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 (refer to [Signs of Child Abuse](#)).

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, frequency).

Hx of abdominal surgery.

SAMPLE (attention to last meal).

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

An acute abdomen can be caused by: appendicitis, diabetic ketoacidosis, incarcerated hernia, intussusception, 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 (see [Abdominal Pain Differential](#)).



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Supportive Care

1. [Trauma Supportive Care Protocol](#).

ALS Level 1

2. If decreased perfusion (see [Pediatric Vital Signs](#)), administer fluid challenge of Normal Saline 20 ml/kg IV.

ALS Level 2 (*Physician Authorization Required*)

1. Consider pain control (see [Pediatric Pain Management](#) for pain scale and medication dosage – same as isolated extremity fracture pain protocol).



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