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).
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).