

m-1 ABDOMINAL PAIN

PRIORITIES:

- ABCs
- Degree of distress? Shock?
- Assure an advanced life support response;
- History;
- Obtain a complete history and collect medications.

Abdominal Pain (NOT in Shock or Extremis)

Mild to moderate pain, able to be comfortable, no signs of shock.

1. Ensure a patent airway (suction as necessary)
2. Be prepared to support ventilation with appropriate airway adjuncts;
3. OXYGEN THERAPY - Begin oxygen at 6 liters/ minute by nasal cannula or 10 liters/minute by mask. If there is a history of Chronic Obstructive Pulmonary Disease (COPD), observe for respiratory depression and support respirations as needed. **DO NOT** withhold oxygen from a patient in cardiorespiratory distress because of a history of COPD.
4. Position of comfort if conscious, usually on either side with knees drawn up;
5. Nothing by mouth;
6. Assist advanced life support personnel with patient packaging and movement to ambulance;
7. Consider:
 - Anticipate vomiting;
 - Cervical spine protection if indicated;
 - Avoid deep abdominal palpation.

Abdominal Pain (In Shock)

Moderately – severe to severe pain, restless, unable to find position of comfort unless absolutely still or signs of shock.

1. See Shock – Non Traumatic (Protocol c-1)

Gastrointestinal Bleeding

History of dark, tarry stools or vomiting blood; may or may not have abdominal pain. If in shock, see SHOCK.

1. See ABDOMINAL PAIN (Protocol m-1) listed above.