**History**
- Age
- Past medical/surgical history
- Medications
- Onset
- Provocation
- Quality (e.g., crampy, constant, sharp, dull, etc.)
- Region / radiation/referred
- Severity (0 – 10 scale)
- Time (duration/repetition)
- Fever
- Last meal eaten
- Last bowel movement/emesis
- Menstrual history (pregnancy)

**Signs and Symptoms**
- Pain (location/migration)
- Tenderness
- Nausea
- Vomiting
- Diarrhea
- Dysuria (painful or difficult urination)
- Constipation
- Vaginal bleeding/discharge
- Pregnancy

**Associated symptoms: (Helpful to localize source)**
- Fever, headache, weakness, malaise, myalgia, cough, headache, mental status change, or rash

**Differential**
- Pneumonia or pulmonary embolus
- Liver (hepatitis)
- Peptic ulcer disease/gastritis
- Gallbladder
- MI
- Pancreatitis
- Kidney stone
- Abdominal aneurysm
- Appendicitis
- Bladder/prostate disorder
- Pelvic (PID, ectopic pregnancy, or ovarian cyst)
- Spleen enlargement
- Diverticulitis
- Bowel obstruction
- Gastroenteritis (infectious)
- Ovarian or testicular torsion

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**Assess symptom severity**

**Unstable** (Hypotension/poor perfusion)

- Establish IV/IO
- Normal Saline bolus 500ml
  - Repeat as needed
  - Titrate to systolic BP > 90
  - Maximum 1L
- Cardiac monitor
- Consider 12-Lead ECG
- Pain Control TG if indicated

**Signs/symptoms suggesting cardiac etiology**

- Yes: Appropriate Cardiac TG as indicated
- No: Improving?
  - Yes: Exit to Hypotension/Shock TG
  - No: Notify receiving facility. Contact Base Hospital for medical direction

**Stable**

- Establish IV/IO
- Cardiac monitor
- Pain Control TG if indicated

**If patient has nausea or vomiting**
- Ondansetron 4mg IV/IO/IM/ODT
  - May repeat x 1 after 15 minutes

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**Treatment Guideline A01**

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Effective Jan. 2018
**Pearls**

- Diabetic, females, and geriatric patients often have atypical pain, or only generalized complaints. Suspect cardiac etiology in these patients, perform a 12-Lead ECG, and investigate until proven otherwise.
- For chronic abdominal pain, use caution before administering Fentanyl.
- Zofran is not indicated or useful for motion sickness.
- Document the mental status and vital signs prior to administration of anti-emetics.
- Abdominal pain in women of childbearing age should be treated as pregnancy-related until proven otherwise.
- An impression of abdominal aneurysm should be considered with severe abdominal or non-traumatic back pain, especially in patients > 50 years of age or patients with shock/poor perfusion.
- Use caution when considering administration of opioids for pain control.