



Abdominal Pain Vomiting and Diarrhea

History

- Age
- Time of last meal
- Last bowel movement/emesis
- Improvement or worsening with food or activity
- Duration of problem
- Other sick contacts
- Past medical history
- Past surgical history
- Medications
- Menstrual history (pregnancy)
- Travel history
- Bloody emesis / diarrhea

Signs and Symptoms

- Pain
- Character of pain (constant, intermittent, sharp, dull, etc.)
- Distention
- Constipation
- Diarrhea
- Anorexia
- Radiation

Associated symptoms:

Fever, headache, blurred vision, weakness, malaise, myalgias, cough, headache, dysuria, mental status changes, rash

Differential

- CNS (increased pressure, headache, stroke, CNS lesions, trauma or hemorrhage, vestibular)
- Myocardial infarction
- Drugs (NSAID's, antibiotics, narcotics, chemotherapy)
- GI or Renal disorders
- Diabetic ketoacidosis
- OB-Gyn disease (ovarian cyst, PID, Pregnancy)
- Infections (pneumonia, influenza)
- Electrolyte abnormalities
- Food or toxin induced
- Medication or Substance abuse
- Psychological

	Consider Blood Glucose Analysis Procedure
B	12 Lead ECG Procedure
	IV or IO Access Protocol UP 6
P	Cardiac Monitor
	Age Appropriate Diabetic Protocol AM 2/ PM 2 if indicated
	Pain Control Protocol UP 11 if indicated
	Age Appropriate Cardiac Protocol(s) if indicated

Age Specific Blood Pressure indicating possible shock

Age 0 – 28 days: SBP < 60
Ages ≥ 1 month: SBP < 70
Age 1 – 9: SBP < 70 + (2x Age)

Ages 10 – 64: SBP < 90
Ages ≥ 65: SBP < 110

All ages Shock Index: HR > SBP

Serious Signs/ Symptoms
Hypotension, poor perfusion, shock

YES

NO

A

Normal Saline IV TKO Or Saline Lock

Ondansetron 4 mg IV / IO / ODT / PO / IM
Peds: 0.2 mg/kg
Peds Maximum 4 mg
 May repeat in 15 minutes

If no response in adults
Compazine 5mg IM / IV / IO
 May repeat x 1 as needed

IV or IO Access Protocol UP 6
Consider 2 Large Bore sites

A

Normal Saline 500 mL Bolus
 Repeat as needed
 Titrate SPB ≥ 90 mmHg
Maximum 2 L
Peds: 20 mL/kg IV / IO
 Repeat as needed
 Titrate to
 Age Appropriate SBP ≥ 70 + (2 x Age)
Maximum 60 mL/kg

Ondansetron 4 mg IV / IO / ODT / PO / IM
Peds: 0.2 mg/kg
Peds Maximum 4 mg
 May repeat in 15 minutes

Age Appropriate Hypotension/ Shock Protocol AM 5/ PM 3 **if indicated**

Monitor and Reassess

Notify Destination or Contact Medical Control

** See Page Two for approved alternate Medications **



Abdominal Pain Vomiting and Diarrhea

Prochlorperazine (Compazine)

Use with caution as it has a strong sedative effect.
Consider combined effects with narcotic co-administration.
Dilute in 10ml of saline- flush and administer slowly.
May be administered first line when PT is allergic to Zofran

Dystonic reactions:

- can occur with co-administration of psych meds.
- involuntary contractions of muscles in the extremities, face, neck, abdomen, pelvis, or larynx in either sustained or intermittent patterns that lead to abnormal movements or postures
- Treat with Benadryl 25-50mg IV/IM/IO

LR (Lactated Ringers), Normosol, Plasmalyte are acceptable substitutes for Normal Saline

Alternative Agents: To be used in times of drug shortage / Special Permission from Med Director

- Promethazine (Phenergan) 25mg IM x 1 - May only be given once IM (Not IV) Weight > 40kg
- Metoclopramide (Reglan) 5mg IV/IO/IM – May repeat x 1
- Droperidol 1.25mg IV - May repeat x 1 - Very sedating / may cause significant QT prolongation

Pearls

- **Recommended Exam: Mental Status, Skin, HEENT, Neck, Heart, Lungs, Abdomen, Back, Extremities, Neuro**
- **Abdominal/ back pain in women of childbearing age should be treated as pregnancy related until proven otherwise.**
- **The diagnosis of abdominal aneurysm should be considered with abdominal pain, with or without back and/ or lower extremity pain or diminished pulses, especially in patients over 50 and/ or patients with shock/ poor perfusion. Notify receiving facility early with suspected abdominal aneurysm.**
- **Consider cardiac etiology in patients > 35, diabetics and/ or women, especially with upper abdominal complaints.**
- **Heart Rate: Tachycardia is one of the first clinical signs of dehydration and volume depletion and typically increases as dehydration becomes more severe.**
- **Nausea without vomiting should be treated like vomiting. Patient will benefit from symptom control with antiemetic even if not actively vomiting.**
- Isolated vomiting in children is common but can be a sign of more serious pathology. Pyloric stenosis, bowel obstruction, and CNS processes (bleeding, tumors, or increased CSF pressures) all often present with vomiting.
- Vomiting and diarrhea are common symptoms, but can be the symptoms of uncommon and serious pathology such as stroke, CO poisoning, acute MI, new onset diabetes, diabetic ketoacidosis (DKA), and organophosphate poisoning. Maintain a high index of suspicion for serious pathology.