

TREATMENT:

- A. Treat per Universal Patient Care protocol.
- B. Obtain 12 lead ECG as indicated.
- C. Place patient in a position of comfort.
- D. If systolic blood pressure is < 90 mmHg systolic follow Shock Protocol. If traumatic injury is suspected, enter patient into Trauma System. If patient has a suspected abdominal aortic aneurysm: titrate IV to maintain systolic blood pressure of 90 mmHg.
- E. Nothing by mouth
- F. Establish IV NS TKO.
- G. Treat pain per Pain Management Protocol.

PEDIATRIC PATIENTS:

- A. Consider non-accidental trauma.
- B. Closely monitor vital signs, blood pressure may drop quickly.
- C. Treat pain per Pain Management protocol PRN.

NOTES & PRECAUTIONS:

- A. Abdominal pain may be the first sign of catastrophic internal bleeding (ruptured aneurysm, liver, spleen, ectopic pregnancy, perforated viscous, etc).
- B. Since the bleeding is not apparent you must think of volume depletion and monitor the patient closely for signs of shock.

KEY CONSIDERATIONS:

Referred cardiac pain, ectopic pregnancy, abdominal aortic aneurysm, recent trauma, perforated viscous, emesis type and amount, last meal, bowel movements, urinary output, ruptured spleen or liver, GI bleed, abnormal vaginal bleeding.