PEORIA AREA EMS SYSTEM
PREHOSPITAL CARE MANUAL

Acute Abdominal Pain Protocol

Abdominal pain may vary from minor discomfort to acute pain. Abdominal pain may indicate inflammation, hemorrhage, perforation, obstruction and/or ischemia of an internal organ. Correct management of the patient in abdominal pain depends on recognizing the degree of distress the patient is suffering and identifying the possible etiology of the distress.

First Responder Care

First Responder Care should be focused on assessing the situation and initiating routine patient care to assure that the patient has a patent airway, is breathing and has a perfusing pulse as well as beginning treatment for shock.

1. Render initial care in accordance with the *Universal Patient Care Protocol.*
2. Allow the patient to remain in a position that is most comfortable.
3. **Oxygen:** 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient cannot tolerate a mask.

BLS Care

BLS Care should be directed at conducting a thorough patient assessment, initiating routine patient care to assure that the patient has a patent airway, is breathing and has a perfusing pulse as well as beginning treatment for shock & preparing the patient for or providing transport.

1. Render initial care in accordance with the *Universal Patient Care Protocol.*
2. Allow the patient to remain in a position that is most comfortable.
3. **Oxygen:** 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient does not tolerate a mask.
4. **Ondansetron (Zofran):** 4mg PO orally disintegrating tablet for nausea and vomiting
5. Initiate ALS intercept if needed and transport as soon as possible.

ILS Care

ILS Care should be directed at continuing or establishing care, conducting a thorough patient assessment, stabilizing the patient's perfusion and preparing for or providing patient transport.

1. Render initial care in accordance with the *Universal Patient Care Protocol.*
2. Allow the patient to remain in a position that is most comfortable.
3. **Oxygen:** 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient does not tolerate a mask.
4. **Ondansetron (Zofran):** *For nausea and vomiting* - **Choose one of the following:**
    - 4mg PO orally disintegrating tablet
    - 4mg IM
    - 4mg IV over 2 minutes
5. **IV Fluid Therapy:** 20mL/kg fluid bolus if the patient is hypotensive to achieve a systolic BP of at least 100mmHg.
6. **Fentanyl:** *For pain* - **Choose one of the following:**
    - Intranasal (See Intranasal Fentanyl Dosing Chart)
    - *If unable to initiate IV access.* 50mcg IM, May repeat as needed to a total of 200mcg.
    - 50mcg IV, over 2 minutes. Fentanyl 50mcg IV may repeat every ***5 minutes*** to a total of 200mcg.
7. Initiate ALS intercept if needed and transport as soon as possible.
8. Contact the receiving hospital as soon as possible.

ALS Care

ALS Care should be directed at continuing or establishing care, conducting a thorough patient assessment, stabilizing the patient's perfusion and preparing for or providing patient transport.

1. Render initial care in accordance with the *Universal Patient Care Protocol.*
2. Allow the patient to remain in a position that is most comfortable.
3. **Oxygen:** 15 L/min via non-rebreather mask or 6 L/min via nasal cannula if the patient does not tolerate a mask.
4. **IV Fluid Therapy:** 20mL/kg fluid bolus if the patient is hypotensive to achieve a systolic BP of at least 100mmHg.
5. **Ondansetron (Zofran):** *For nausea and vomiting* - **Choose one of the following:**
    - 4mg PO orally disintegrating tablet
    - 4mg IM
    - 4mg IV over 2 minutes
6. **Fentanyl:** *For pain* - **Choose one of the following:**
    - Intranasal (See Intranasal Fentanyl Dosing Chart)
    - *If unable to initiate IV access.* 50mcg IM, May repeat as needed to a total of 200mcg.
    - 50mcg IV, over 2 minutes. Fentanyl 50mcg IV may repeat every ***5 minutes*** to a total of 200mcg.

Critical Thinking Elements

- Monitor the patient for respiratory depression when administering narcotics.
- If respiratory depression or hypotension occurs after administration of Fentanyl, ventilate the patient as necessary and administer Narcan.
- Monitor respiratory status, SPO2 and or Waveform Capnography if available.
- Assess for thoracic aortic (aneurysm) rupture or trauma in addition to GI etiologies.
- Assess for leaking or ruptured abdominal aortic aneurysm (AAA). Common signs and symptoms may include previous history un-repaired AAA, abdominal distention, pulsating masses, lower extremity mottling, diaphoresis, anxiety/restlessness and/or sharp "tearing" pain between the shoulder blades or in the lower back.
- Give special attention to female patients of childbearing years. Acute abdominal pain should be considered to be an ectopic pregnancy until proven otherwise.
- Consider possible etiologies and obtain a detailed history & physical exam:
    - Inflammation = slow onset of discomfort, malaise, anorexia, fever & chills.
    - Hemorrhage = steady pain, pain radiating to the shoulders, signs & symptoms of hypovolemia.
    - Perforation = acute onset of severe symptoms and steady pain with fever.
    - Obstruction = cramping pain, nausea, vomiting, decreased bowel activity and upper quadrant pain.
    - Ischemia = acute onset of steady pain (usually no fever noted).
- Do not allow the patient to eat or drink.
- Signs & symptoms of renal calculi (i.e. kidney stone) include: acute & severe flank pain that starts in the back and radiates to the groin, extreme restlessness, hematuria and previous history of kidney stones.
- In patients with known renal failure, the Fentanyl dose must be reduced to 25mcg. The dose may be repeated one time to a maximum dose of 50mcg.
- Avoid use of Zofran in patients with congenital long QT syndrome as these patients are at particular risk for Torsades de Pointes