



# 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>B</b>	12 Lead ECG Procedure
	IV or IO Access Protocol UP 6
<b>P</b>	Cardiac Montior
	Age Appropriate Diabetic Protocol AM 2/ PM 2 <b>if indicated</b>
	Pain Control Protocol UP 11 <b>if indicated</b>
	Age Appropriate Cardiac Protocol(s) <b>if indicated</b>

Serious Signs/ Symptoms  
Hypotension, poor perfusion, shock

NO

<b>A</b>	Normal Saline IV TKO Or Saline Lock
<b>A</b>	Ondansetron 4 mg IV / IO / ODT / PO / IM Peds: 0.2 mg/kg Peds Maximum 4 mg May repeat in 15 minutes <u>If no response</u> Promethazine 12.5 mg IV / IO / IM / PO May repeat x 1 as needed

YES

	IV or IO Access Protocol UP 6 Consider 2 Large Bore sites
<b>A</b>	Normal Saline 500 mL Bolus Repeat as needed Titrte SPB ≥ 90 mmHg <b>Maximum 2 L</b> Peds: 20 mL/kg IV / IO Repeat as needed Titrte to Age Appropriate SBP ≥ 70 + (2 x Age) <b>Maximum 60 mL/kg</b>
<b>A</b>	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 <b>if indicated</b>

Monitor and Reassess

**Notify Destination or Contact Medical Control**

### 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



# Abdominal Pain Vomiting and Diarrhea

## 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.