

**I. General Considerations**

- A. The causes of abdominal pain are many and varied and may ultimately have nothing to do with the abdomen (e.g., heart attack, pneumonia, etc).
  - B. In general, the patient should receive nothing by mouth.
  - C. Patients who complain of sudden onset of abdominal pain, especially if it is described as tearing or radiating, should be transported without delay.
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**II. History**

Perform a focused history and physical exam with particular attention to:

- A. Ask the patient to describe the pain:
    - What was the patient doing when the pain started?
    - What makes it better or worse?
    - What does it feel like?
    - Where is the pain? Does it go anywhere?
    - How bad is it?
    - When did it start? Does it come and go?
  - B. Has the patient ever had the pain before?
  - C. When did the patient last eat? What was it?
  - D. When was the last bowel movement? Was there any blood or black material in it?
  - E. Has the patient vomited? Was there blood or coffee ground material present?
  - F. What other symptoms has the patient noted (fever, chest pain, nausea, trouble breathing)?
  - G. Is there any history of trauma?
  - H. If the patient is female:
    - 1. Determine when the last menstrual period was.
    - 2. Have menstrual periods been regular?
    - 3. Has there been any vaginal bleeding?
  - I. Is there any other relevant past medical history?
  - J. Has the patient had any surgeries on the abdomen?
  - K. What medications has the patient been, or is the patient supposed to be, taking (including over the counter medications)?
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**III. Physical Exam**

- A. Perform an initial assessment.
  - B. Perform a focused history and physical exam with particular attention to observing and gently palpating the abdomen.
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**IV. Treatment**

{If hypotension or other signs of shock are noted, follow hypotension protocol}  
{If trauma is noted, follow appropriate protocol where indicated}

**Basic**

- A. Establish an airway, maintain as indicated, suction as needed.
- B. Administer high concentration oxygen.
- C. Maintain the patient NPO (nothing by mouth).
- D. Allow the patient to assume a position of comfort.
- E. If bowel is protruding, do not attempt to replace it. Cover the bowel with a moist, sterile dressing.

**Intermediate**

F. Secure IV access.

**Paramedic**

G. Assess and monitor the cardiac rhythm; treat arrhythmias/dysrhythmias per applicable protocols.

H. Consider use of narcotic pain management of medical direction's choice.