



Abdominal Pain

Adult Medical

Austin County
EMS Protocol & Guideline

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Overview: Nausea, vomiting and diarrhea have numerous causes ranging from food and waterborne diseases, viruses, bacteria, to medication side effects and parasites. Pain is often associated with these presentations as well. Patients presenting with abdominal pain should be evaluated to rule out more serious causes before downgrading the acuity of the presentation.

Definition: Abdominal pain is defined as any pain that is associated to the abdomen and adjacent flank areas. Lower back pain associated with radiating abdominal pain can also be classified as abdominal pain depending on the clinicians' evaluation of differential diagnosis.

EMT

- Place patient on the **Cardiac Monitor**
- Obtain **12 Lead EKG**
- **CPR**, AED as appropriate to patient presentation
- **Oxygen** administration as appropriate to the patient presentation
- **Airway Adjuncts** (Supraglottic Airway, NPA,OPA), EtCO2 monitoring appropriate to patient presentation
- Obtain **BGL**
- Monitor **SPO2**
- Place in a position of comfort
- **Ondansetron** 4mg tablet - May repeat once -for Nausea & Vomiting

AEMT

- Establish IV of Normal Saline
- **Nausea and Vomiting**
- **Ondansetron** 4 mg IV – May repeat once
- **Diphenhydramine** 25-50 mg IV – 12.5 IM, **Max** dose 50 mg (Use half dose in elderly patients)

Paramedic

Mild to Moderate Pain

- **Ketorolac** 15-30mg IV or 30-60mg IM

Moderate to Severe Pain

- **Morphine** 2-5mg IV/IO; repeat PRN: Max dose of 20 mg
- **Fentanyl** 1-2 mcg/kg IV/IO/IN; repeat PRN: Max total dose 400 mcg

Severe Pain

- **Ketamine** 0.1-0.25 mg/kg IV/IO **OR** 0.5 -1 mg/kg IM/IN: may repeat every 10 minutes as needed

PEARLS

- Goal of treating abdominal pain is to reduce the pain level to a tolerable/comfortable level and/or to facilitate assessment in presence of significant pain.
- Collectively, nausea, vomiting and diarrhea are termed gastroenteritis. Gastroenteritis is an inflammation of the GI tract that presents as vomiting and diarrhea. The diagnosis of gastroenteritis requires exclusion of more serious causes, and this determination is not possible in the field
- **Ondansetron** typically has a better efficacy for patients pre-vomiting, and **Diphenhydramine** typically has a better efficacy for patients who are or have been actively vomiting, however, if known which treatment is more appropriate for the individual patient, these can be utilized interchangeably.
- **Ondansetron** and **Diphenhydramine** can be administered to the same patient. Ensure enough time has elapsed to allow the first administered medication to reach therapeutic effects.
- **Diphenhydramine** should only be used in the pediatric patients for prolonged vomiting. Diphenhydramine typically causes a decrease in the ability to assess CNS/cognitive functions. It is imperative that the medic accurately and fully assess the patient's neurologic status prior to administering Diphenhydramine to ensure good, comprehensive assessment and report for the receiving staff.
- Glucose level and temperature should be assessed on all patients complaining of N/V and/or diarrhea
- **Ketamine/Ketorolac - Pregnancy – Relative contraindication.** Must discuss with patient the risks. If elected, administer minimal dose necessary to achieve an acceptable level of comfort for the patient. Non-recurrent, Severe, Acute situations are acceptable situations for pain management