

Adult Emergency Nurse Protocol

ABDOMINAL PAIN

SESLHDPR/383

<p>Aim:</p> <ul style="list-style-type: none"> • Early identification and treatment of life threatening causes of Abdominal Pain, escalation of care for patients at risk. • Early initiation of treatment / clinical care and symptom management within benchmark time. 																				
<p>Assessment Criteria: On assessment the patient should have abdominal pain and one or more of the following signs / symptoms:</p> <table border="0"> <tr> <td><input type="checkbox"/> Pain to the abdomen (localised)</td> <td><input type="checkbox"/> Pale, lethargic</td> <td><input type="checkbox"/> Fever or chills</td> </tr> <tr> <td><input type="checkbox"/> Diarrhoea or constipation</td> <td><input type="checkbox"/> Urinary symptoms</td> <td><input type="checkbox"/> Vomiting, nausea or anorexia</td> </tr> </table>			<input type="checkbox"/> Pain to the abdomen (localised)	<input type="checkbox"/> Pale, lethargic	<input type="checkbox"/> Fever or chills	<input type="checkbox"/> Diarrhoea or constipation	<input type="checkbox"/> Urinary symptoms	<input type="checkbox"/> Vomiting, nausea or anorexia												
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<p>Escalation Criteria: Immediate life-threatening presentations that require escalation and referral to a Senior Medical Officer (SMO):</p> <table border="0"> <tr> <td><input type="checkbox"/> Acute confusion / agitation</td> <td><input type="checkbox"/> Hyperactive / absent bowel sounds</td> <td><input type="checkbox"/> Abdominal distension / rigidity</td> </tr> <tr> <td><input type="checkbox"/> Pain has characteristics of ACS</td> <td><input type="checkbox"/> Blood in Stool - Malaena</td> <td><input type="checkbox"/> Recent abdominal or gynecological surgery</td> </tr> <tr> <td><input type="checkbox"/> Hypotension and tachycardia</td> <td><input type="checkbox"/> Haematemesis</td> <td><input type="checkbox"/> Suspected ectopic pregnancy</td> </tr> </table>			<input type="checkbox"/> Acute confusion / agitation	<input type="checkbox"/> Hyperactive / absent bowel sounds	<input type="checkbox"/> Abdominal distension / rigidity	<input type="checkbox"/> Pain has characteristics of ACS	<input type="checkbox"/> Blood in Stool - Malaena	<input type="checkbox"/> Recent abdominal or gynecological surgery	<input type="checkbox"/> Hypotension and tachycardia	<input type="checkbox"/> Haematemesis	<input type="checkbox"/> Suspected ectopic pregnancy									
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<p>Primary Survey:</p> <ul style="list-style-type: none"> • Airway: patency • Breathing: resp rate, accessory muscle use, air entry, SpO₂. • Circulation: perfusion, BP, heart rate, temperature • Disability: GCS, pupils, limb strength 																				
<p>Notify CNUM and SMO if any of the following red flags is identified from Primary Survey and Between the Flags criteria 1</p> <table border="0"> <tr> <td><input type="checkbox"/> Airway – at risk</td> <td><input type="checkbox"/> Breathing – respiratory distress</td> <td><input type="checkbox"/> Circulation – shock / altered perfusion</td> </tr> <tr> <td>• <i>Partial / full obstruction</i></td> <td>• <i>RR < 5 or >30 /min</i></td> <td>• <i>HR < 40bpm or > 140bpm</i></td> </tr> <tr> <td></td> <td>• <i>SpO₂ < 90%</i></td> <td>• <i>BP < 90mmHg or > 200 mmHg</i></td> </tr> <tr> <td><input type="checkbox"/> Disability – decreased LOC</td> <td><input type="checkbox"/> Exposure</td> <td>• <i>Postural drop > 20mmHg</i></td> </tr> <tr> <td>• <i>GCS ≤ 14 or a fall in GCS by 2 points</i></td> <td>• <i>Temperature <35.5°C or >38.5°C</i></td> <td>• <i>Capillary return > 2 sec</i></td> </tr> <tr> <td></td> <td>• <i>BGL < 3mmol/L or > 20mmol/L</i></td> <td></td> </tr> </table>			<input type="checkbox"/> Airway – at risk	<input type="checkbox"/> Breathing – respiratory distress	<input type="checkbox"/> Circulation – shock / altered perfusion	• <i>Partial / full obstruction</i>	• <i>RR < 5 or >30 /min</i>	• <i>HR < 40bpm or > 140bpm</i>		• <i>SpO₂ < 90%</i>	• <i>BP < 90mmHg or > 200 mmHg</i>	<input type="checkbox"/> Disability – decreased LOC	<input type="checkbox"/> Exposure	• <i>Postural drop > 20mmHg</i>	• <i>GCS ≤ 14 or a fall in GCS by 2 points</i>	• <i>Temperature <35.5°C or >38.5°C</i>	• <i>Capillary return > 2 sec</i>		• <i>BGL < 3mmol/L or > 20mmol/L</i>	
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<p>History:</p> <ul style="list-style-type: none"> • Presenting complaint • Allergies • Medications: Anticoagulant Therapy, Anti-hypertensives, Diabetic meds, Analgesics, Inhalers, Chemotherapy, Non-prescription meds, any recent change to meds • Past medical past surgical history relevant • Last ate / drank and last menstrual period (LMP) / bowel motion • Events and environment leading to presentation • Pain Assessment / Score: PQRST (Palliating/ provoking factors, Quality, Region/radiation, Severity, Time onset) • Associated signs / symptoms: nature of pain / radiation, nausea, vomiting, nature of stool, symptoms of pregnancy, urinary symptoms and weight loss or anorexia. • History: family, trauma and travel (gastroenteritis and infectious colitis) 																				
<p>Systems Assessment:</p> <p>Focused abdominal assessment:</p> <ul style="list-style-type: none"> • <i>Inspection:</i> Scars, masses, distention, bruising, discoloration, midline pulsations, devices and movement of patient • <i>Auscultation:</i> Bowel sound; hyperactive, reduced or absent • <i>Palpation:</i> tenderness, guarding, rebound tenderness, masses, pulses – signs of peritonism; Identify location of pain 																				
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- **Radiology:** Discuss with SMO

Nursing Interventions / Management Plan:

Resuscitation / Stabilisation:

- Oxygen therapy and cardiac monitor [as indicated]
- IV Cannulation (16-18gauge if unstable)
- IV Fluids: Sodium Chloride 0.9% 1 L IV stat versus over 8 hours (*discuss with SMO*)

Symptomatic Treatment:

- **Antiemetic:** as per district standing order
- **Analgesia:** as per district standing order
- **IV Fluids:** as per district standing order

Supportive Treatment:

- Nil By Mouth (NBM)
- Monitor vital signs as clinically indicated (BP, HR, T, RR, SpO₂)
- Monitor pain assessment / score
- Bowel chart [as indicated]
- Fluid Balance Chart (FBC)
- Consider devices: IDC, Nasogastric tube [as indicated]
- ECI Patient Factsheet

Practice Tips / Hints:

- Abdominal aortic aneurysm (AAA) should be considered in the patient aged >60 who presents with abdominal, flank or back pain. The symptoms of a ruptured AAA may mimic renal colic, diverticulitis, or gastrointestinal haemorrhage. Risk factors for AAA include smoking, male, elderly, caucasian, atherosclerosis, hypertension, family history of AAA, other peripheral artery aneurysm (iliac, femoral, popliteal) ⁽⁵⁾
- Acute cholecystitis risk factors include; elderly, female, obesity, diabetes mellitus, profound weight loss, fasting or family history ⁽⁷⁾
- Acute Pancreatitis: Signs and symptoms to consider: Abdominal pain-upper or generalised, typically severe, may radiate to back, nausea, vomiting and diaphoresis, abdominal tenderness, abdominal distension.
- Epigastric pain can indicate gastric ulcer (long-term), pancreatitis, perforated oesophagus, Mallory-Weiss tear, cholelithiasis or AMI ⁽²⁾
- Referred right scapula pain can indicate gallbladder or liver disease ⁽²⁾ Referred left scapula pain can indicate cardiac, GIT, pancreatic or splenic disease ⁽²⁾; Referred scrotal or testicular pain can indicate renal colic or urethral ⁽²⁾
- Left upper quadrant pain can indicate splenic infarct or injury, pyelonephritis or renal colic ⁽²⁾;
- Right upper quadrant pain can indicate cholelithiasis, cholecystitis, pyelonephritis, renal colic, hepatitis and appendicitis (in pregnancy) ⁽²⁾
- Left and right lower quadrant (LLQ) (RLQ) can indicate diverticulitis, gynecological issues (ovarian torsion, cyst, PID or ectopic pregnancy) Crohn's, ulcerative colitis, renal colic, appendicitis (RLQ) malignancy or hernia ⁽²⁾
- Cullen's sign: periumbilical discoloration ⁽²⁾
- Grey Turner's sign: bruising of the flanks, indicating haemorrhagic pancreatitis ⁽³⁾;
- Murphy's sign: RUQ tenderness on inhalation during palpation (97% sensitivity in acute cholecystitis) ⁽⁷⁾
- Bowel Sounds: hyperactive bowel sounds may indicate early bowel obstruction ⁽²⁾; Absent or diminished bowel sounds may indicate constipation, a bowel obstruction, perforated viscus ⁽²⁾
- Anorexia is a common symptom of an acute abdomen ⁽²⁾
- Atypical presentations or a pain free abdomen can occur in the elderly, immunocompromised, or pregnant patients⁽²⁾

Further Reading / References:

1. [SESLHDPR/283 Patient with Acute Condition for Escalation \(PACE\): Management of the Deteriorating Adult Maternity Inpatient](#)
2. [BMJ Assessment of Acute Abdomen](#)
3. [ECI Patient Factsheet- Abdominal Pain](#)
4. [ECI Abdominal Emergency Resource Tool](#)
5. [ECI Abdominal Aortic Aneurysm Resource Tool](#)
6. [ECI Acute cholecystitis Resource Tool](#)
7. [ECI Acute Pancreatitis Resource Tool](#)

Acknowledgements: *SESLHD Adult Emergency Nurse Protocols were developed and adapted with permission from:*

- Murphy, M (2007) Emergency Department Toolkits. Westmead Hospital, SWAHS
- Hodge, A (2011) Emergency Department, Clinical Pathways. Prince of Wales Hospital SESLHD.

Revision and Approval History

Date	Revision No.	Author and Approval
September 2013	0	Developed by Lauren Neuhaus - Nurse Educator, Emergency St George Hospital.
December 2013	1	Edited by Leanne Horvat - Clinical Stream Nurse Manager, Emergency / Critical Care & Emergency

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		Stream CNC/ NE Working Group SESLHD
February 2014	2	Endorsed by: SESLHD Emergency Clinical Stream Committee on 20 February 2014
May 2014	3	Endorsed by: SESLHD District Clinical & Quality Council meeting on 14 May 2014 (T14/36288)
September 2014	4	Endorsed by: SESLHD District Drug & QUM Committee meeting on 11 September 2014
November 2017	5	Reviewed by Lauren Neuhaus – Acting Clinical Nurse Consultant, Emergency St George Hospital.
January 2018	5	Processed by Executive Services prior to submission to DQUM.
February 2018	5	Endorsed by: SESLHD Drug & Quality Use of Medicine Committee
April 2021	6	Reviewed by Kate Jarrett- Clinical Nurse Consultant, Emergency St George Hospital
May 2021	6	Approved by Executive Sponsor.
June 2021	6	Endorsed by: SESLHD Quality Use of Medicine Committee