REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Basic

SMO: Abdominal Discomfort

Overview: Acute abdominal pain accounts for about 5% of all visits to the emergency department each year. The most common diagnosis made in these patients is nonspecific abdominal pain or abdominal pain that has no clear origin. EMS care is primarily supportive in nature.

INFORMATION NEEDED

__ Discomfort: location, quality, severity, onset, duration, aggravation or alleviation, radiation
__ Associated symptoms: "indigestion", fever or chills, nausea, vomiting, diarrhea, diaphoresis, dizziness
__ Gastro-intestinal: time and description of last meal, description of vomit if any, time of last bowel movement and description of feces (color, consistency, unusual odor, presence of blood, etc.)
__ Urination: difficulty, pain, burning, frequency and description (color, consistency, unusual odor, presence of blood, etc.)
__ Gynecological: last menstrual period, vaginal bleeding or discharge, sexual activity or trauma, and possibility of pregnancy
__ Medical history: surgery, related diagnoses (e.g., infection, PID, hepatitis, gallstones, kidney stones, etc.) medications (OTC and prescribed) and other self-administered remedies (baking soda, Epsom salts, enemas, etc.)

OBJECTIVE FINDINGS

__ General appearance: level of distress, skin color, diaphoresis
__ Abdominal tenderness (guarding, rigidity, distention)
__ Quality and symmetry of femoral pulses

TREATMENT

__ Position of comfort
__ Nothing by mouth (NPO)
__ Routine Medical Care (RMC)

Documentation of adherence to protocol:

__ Abdominal physical exam

Medical Control Contact Criteria

__ Contact Medical Control is patient's vitals are unstable

PRECAUTIONS AND COMMENTS

- If Initial or Focused assessment indicate signs of shock, initiate transport early.
- Upper abdominal pain or "indigestion" may reflect cardiac origin. (See Acute Coronary Syndrome Protocol)

REGION I EMERGENCY MEDICAL SERVICES
STANDING MEDICAL ORDERS
EMT – Intermediate, EMT – Paramedic

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OBJECTIVE FINDINGS

__ General appearance: level of distress, skin color, diaphoresis
__ Abdominal tenderness (guarding, rigidity, distention)
__ Quality and symmetry of femoral pulses
__ Cardiac rhythm if indicated

TREATMENT

__ Position of comfort
__ Nothing by mouth (NPO)
__ Routine Medical Care (RMC)
__ IV access
__ If hypotensive (SBP<90 and signs of poor perfusion): fluid challenge (500cc NS, reassess and repeat if indicated)

Documentation of adherence to protocol:

__ Abdominal physical exam
__ IV access and fluid challenge if SBP<90 mmHg w/signs of poor perfusion

Medical Control Contact Criteria
__ Contact Medical Control is patient's vitals are unstable __ Contact Medical control if medication for pain needed

PRECAUTIONS AND COMMENTS

- If Initial or Focused assessment indicate signs of shock, initiate transport early.
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