

# Southern Illinois Regional EMS System

## EE-21 ACUTE ABDOMINAL PAIN NON-TRAUMATIC

### ALS/ILS/BLS

#### Special Considerations:

- Consider cardiac/great vessel etiologies and anticipate need for rapid transport
- Document and report jaundice
- Report nature and amount of any vomiting/diarrhea
- Obtain history including:
  - Onset
  - Duration
  - Quality
  - Severity of pain
- Assess for hypovolemia and treat per hypovolemia protocol
- Consider possibility of ectopic pregnancy in female patients of child bearing age

#### Stable patient (alert, oriented, normotensive)

- Patient assessment and initial medical care
- Oxygen therapy to maintain > 94% O<sub>2</sub> sat
- ALS/ILS:
  - IV/IO NS TKO rate
  - Contact Medical Control
    - Orders for IV fluids may or may not be given
- Transport in position of comfort
- (BLS) Consider ALS intercept

#### Unstable patient (altered mental status, signs of hypoperfusion, guarding or abdominal rigidity):

- 15 LPM with NRB mask to O<sub>2</sub> sat > 94%
  - Assist with BVM if patient presents with poor respiratory effort
- ALS/ILS:
  - Contact Medical Control
  - IV/IO NS
    - Be prepared to give fluid bolus or fluid resuscitate
      - Administer fluids to maintain systolic pressure of 90 mm/Hg
    - Do not give any pain medication without Medical Control order
- Rapid transport
- (BLS) Consider ALS intercept