

**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 – Paramedic**

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

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- ___ 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
- ___ 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

<input type="checkbox"/> Contact Medical Control is patient's vitals are unstable

<input type="checkbox"/> Contact Medical control if medication for pain needed
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PRECAUTIONS AND COMMENTS

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7/04

Reviewed:

Revised:

EMS/ Region1 SMOs