

Abdominal Pain/Problems (GI/GU)

For any pain or problem in the abdominal/flank region that does not have a more specific primary impression; includes post-surgical complications

History

- Age
- Past medical/surgical history
- Medications
- Onset
- Provocation
- Quality (e.g., crampy, constant, sharp, dull, etc.)
- Region/radiation/referred
- Severity (0 – 10 scale)
- Time (duration/repetition)
- Fever
- Last meal eaten
- Last bowel movement/emesis
- Menstrual history (pregnancy)

Signs and Symptoms

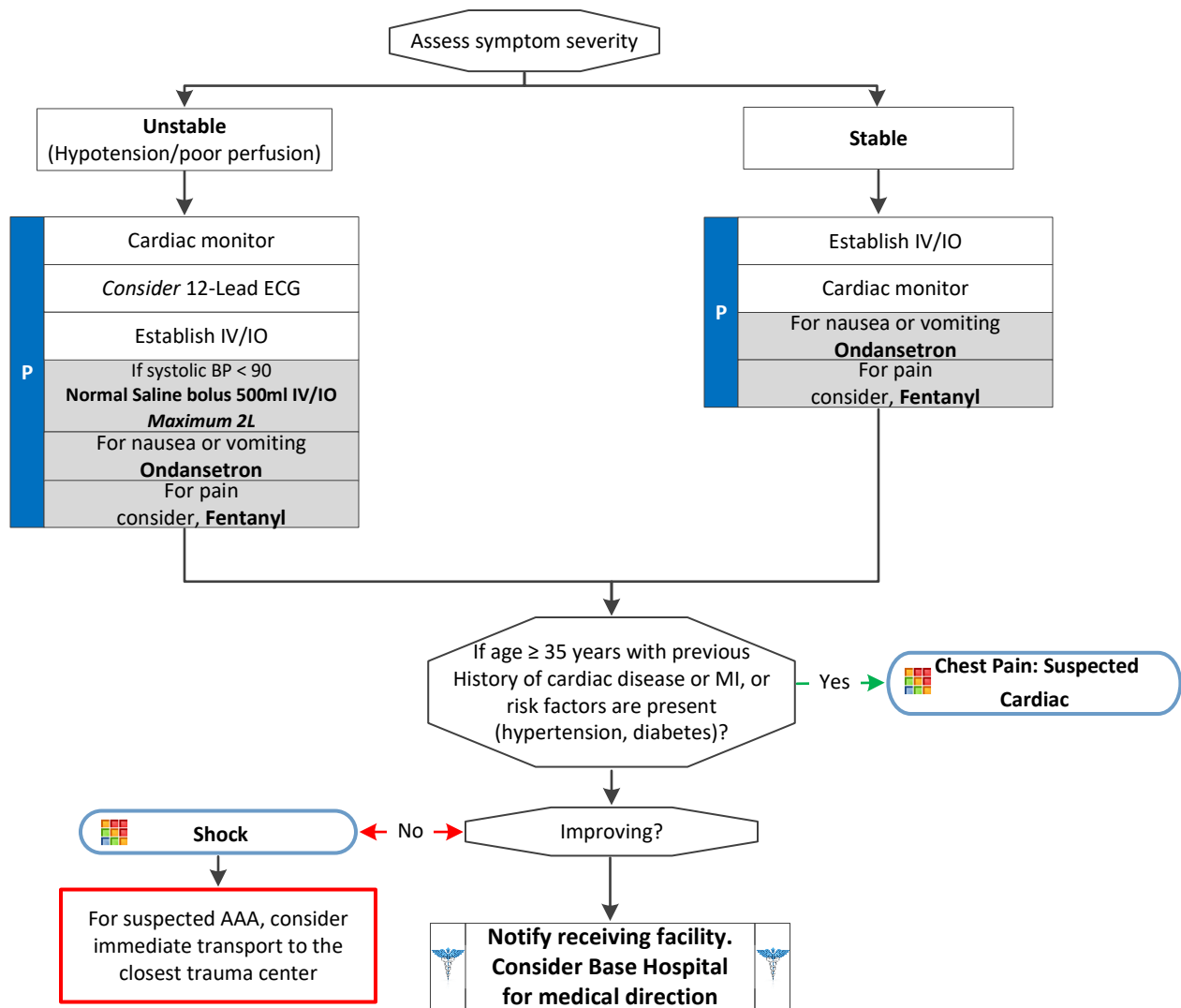
- Hypotension
- Pain (location/migration)
- Tenderness
- Nausea
- Vomiting
- Diarrhea
- Dysuria (painful or difficult urination)
- Constipation
- Vaginal bleeding/discharge
- Pregnancy

Associated symptoms: (Helpful to localize source)

Fever, headache, weakness, malaise, myalgia, cough, headache, mental status change, or rash

Differential

- Pneumonia or pulmonary embolus
- Liver (hepatitis)
- Peptic ulcer disease/gastritis
- Gallbladder
- MI
- Pancreatitis
- Kidney stone
- Abdominal aneurysm
- Appendicitis
- Bladder/prostate disorder
- Pelvic (PID, ectopic pregnancy, or ovarian cyst)
- Spleen enlargement
- Diverticulitis
- Bowel obstruction
- Gastroenteritis (infectious)
- Ovarian or testicular torsion



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Pearls

- Diabetic, females, and geriatric patients often have atypical pain, or only generalized complaints. Suspect cardiac etiology in these patients, perform a 12-Lead ECG, and investigate until proven otherwise.
- Ondansetron is not indicated or useful for motion sickness.
- Abdominal pain in women of childbearing age should be treated as pregnancy-related until proven otherwise.
- An abdominal aneurysm should be considered with severe abdominal or non-traumatic back pain, especially in patients > 50 years of age or patients with shock/poor perfusion. Reroute to the closest trauma center for immediate access to surgical services.

