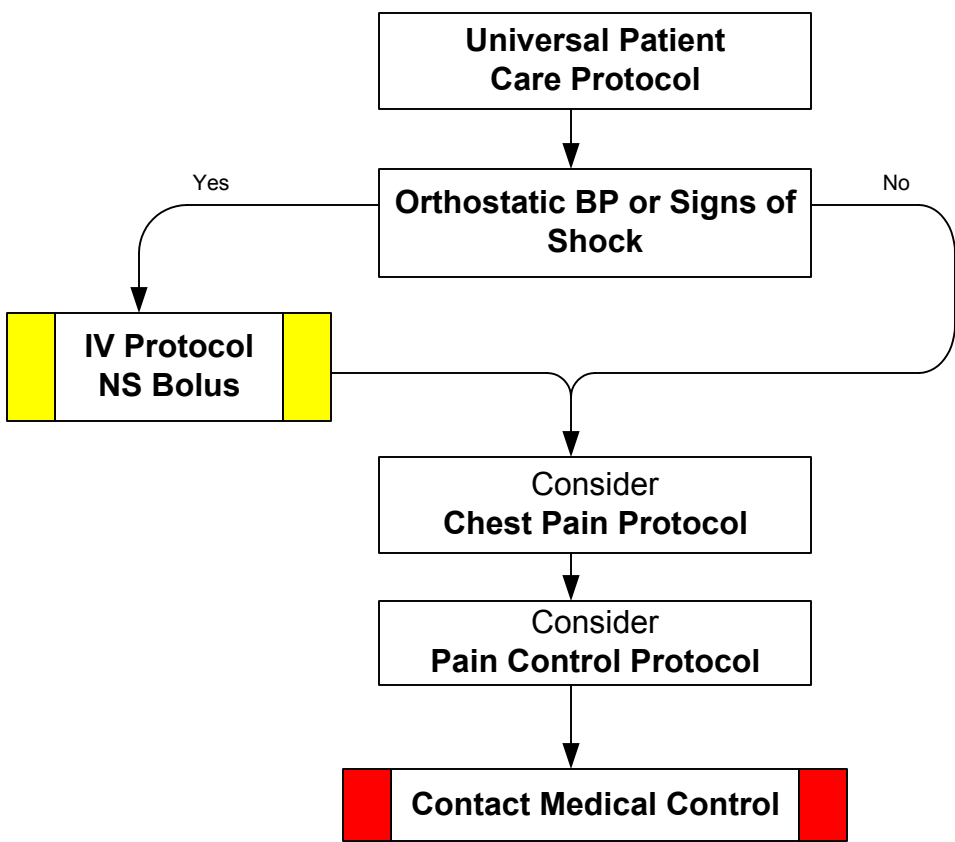


FORSYTH COUNTY EMS MEDICAL PROTOCOLS

Abdominal Pain

History: * Age * Past Medical / Surgical History * Medications * Onset * Palliation / Provocation * Quality (crampy, constant, sharp, dull, etc.) * Region / Radiation / Referred * Severity (1 - 10) * Time (duration / repetition) * Fever * Last meal eaten * Last bowel movement / emesis * Menstrual history (pregnancy)	Signs and Symptoms: * Pain (location / migration) * Tenderness / Distension * Nausea / Vomiting * Diarrhea * Dysuria / Hematuria * Constipation * Vaginal bleeding (discharge) * Pregnancy * Rectal bleeding Associated symptoms: (Helpful to localize source) Fever, headache, weakness, malaise, myalgias, cough, mental status changes, rash	Differential: * Pneumonia or Pulmonary embolus * Liver (hepatitis, CHF) * Peptic ulcer / Gastritis * Gallbladder * Myocardial infarction * Pancreatitis * Kidney stone * Abdominal aneurysm * Appendicitis * Bladder / Prostate disorder * Pelvic (PID, Ectopic pregnancy, Ovarian cyst) * Spleen enlargement * Diverticulitis * Bowel obstruction * Gastroenteritis (infectious)
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Legend		
	MR / EMT	
	Expanded Scope EMT	
	EMT-I	
	EMT-P	
	Medical Control	

Pearls: * Required Exam: Mental Status, Skin, HEENT, Neck, Heart, Lung, Abdomen, Back, Extremities, Neuro * Abdominal pain in women of childbearing age should be treated as an ectopic pregnancy until proven otherwise. * Antacids should be avoided in patients with renal disease. * The diagnosis of abdominal aneurysm should be considered with abdominal pain in patients over 50. * Appendicitis presents with vague, peri-umbilical pain which migrates to the RLQ over time.
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