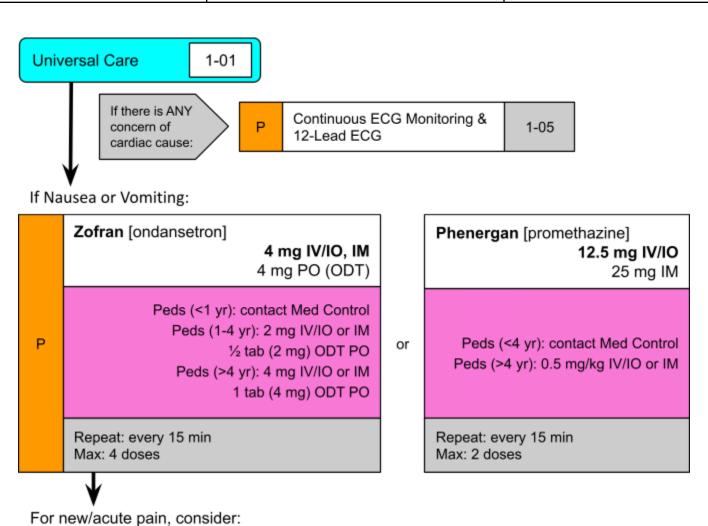
M-01 ABDOMINAL PAIN/ VOMITING





Reviewed: 6/2019

Pain Management

RX-02

M-01
ABDOMINAL PAIN/
VOMITING



KEY POINTS:

- Always consider non-GI life-threatening causes of abdominal pain:
 - Cardiac/STEMI: Consider 12-lead EKG for any upper abdominal pain or nausea/vomiting as they can be symptoms of an Acute Coronary Syndrome, even in the absence of chest pain or shortness of breath.
 - Aortic Aneurysm/Dissection: Especially consider with hypotension or syncope with abdominal pain. Treat as potential hemorrhagic shock with fluid resuscitation and possibly needing vasopressors.
 - Pregnancy: Ectopic pregnancy until proven otherwise (if US not done before). Can have large volume of blood loss if ruptures. Treat hypotension as hemorrhagic shock.
 - Diabetic Ketoacidosis (DKA): Consider with vague abdominal pain and vomiting with evidence of dehydration (tachycardia, hypotension, etc.). Glucose can be only mildly elevated but is generally >300. Treatment is with fluid resuscitation and pressors if needed in the field, and insulin drip in the ED.

QI Review Parameters:

1. {PENDING}