



ORANGE COUNTY EMERGENCY MEDICAL SERVICES
BASE HOSPITAL TREATMENT GUIDELINES
ABDOMINAL PAIN, NON-TRAUMATIC (ADULT/ADOLESCENT)

#: BH-M-05
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Date: 04/01/2017

BASE GUIDELINES

1. Determine ALS Standing Order treatments/procedures rendered prior to base hospital contact. Use ALS standing order as guidelines for treatments/procedures not initiated prior to base hospital contact.
2. Upper abdominal pain may be a form of angina, consider 12-lead if history of heart disease or cardiac origin suspected. If "Acute MI" indicated or suspected, treat according to *BH-C-15/SO-C-15 Chest pain of suspected cardiac origin or suspected angina equivalent*.
3. If AAA suspected patient should be routed to the nearest open Trauma Center.
 - ▶ Signs of Abdominal Aortic Aneurysm (AAA) disruption include:
 - Sudden onset abdominal, back or flank pain
 - Shock (hypotension, poor skin signs)
 - Bradycardia or tachycardia
 - Pulsating mass, loss of distal pulses are not always observed
 - ▶ Patients considered at risk of AAA disruption include:
 - Male
 - Age > 50 years
 - History of hypertension
 - Known AAA
 - Family history of AAA
 - Coronary artery disease or other vascular disease
4. When considering *Fentanyl 50 mcg IV/IM or Fentanyl 100 mcg IN* OR *Morphine Sulfate 5 mg IV* to relieve pain
 - Hold if BP less than or drops below 90 systolic.
 - If suspected AAA, hold narcotics if tachycardia with SBP < 90 mmHg.
 - Do not delay transport for IV access for suspected AAA.
5. Consider Ondansetron ODT/IV per #3 in S.O.

ALS STANDING ORDER

1. Maintain airway, suction as necessary.
2. If signs of dehydration or poor perfusion and lungs are clear to auscultation (no evidence CHF):
 - ▶ *Establish IV access*
 - ▶ *Infuse 250 mL Normal Saline bolus, repeat to maximum of 1 liter to maintain adequate perfusion*
3. For nausea or vomiting:
 - ▶ *Ondansetron (Zofran™) 8 mg (two 4 mg ODT tablets) to dissolve orally on inside of cheek as tolerate;*
OR,
4 mg IV, may repeat 4 mg IV once after approximately 3 minutes for recurrent nausea or vomiting
4. *Morphine sulfate or Fentanyl* as needed for severe pain, if BP greater than 90 systolic:
 - ▶ *Morphine sulfate 5 mg (or 4 mg carpule) IV/IM, may repeat once in 3 minutes to control pain;*
OR,
Fentanyl 50 mcg IV/IM or Fentanyl 100 mcg IN; may repeat once in 3 minutes to control pain.
5. Transport to nearest ERC (ALS escort if medications or NS given) or contact Base Hospital as needed.
 - For patients suspected of having abdominal aortic aneurysm make Base Hospital contact for possible triage to a TC.

Approved:

Review Dates: 11/16
Final Date for Implementation: 04/01/2017
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BASE GUIDELINES

ALS STANDING ORDER

TREATMENT GUIDELINES:

- Upper abdominal pain may be a form of angina, consider 12-lead if history of heart disease or cardiac origin suspected.
- Signs of Abdominal Aortic Aneurysm (AAA) disruption include:
 - Sudden onset abdominal, back or flank pain
 - Shock (hypotension, poor skin signs)
 - Bradycardia or tachycardia
 - Pulsating mass, loss of distal pulses are not always observed

- Patients considered at risk of AAA disruption include:
 - Male
 - Age > 50 years
 - History of hypertension
 - Known AAA
 - Family history of AAA
 - Coronary artery disease or other vascular disease

Approved:

A handwritten signature in blue ink, appearing to read "S. S. Smith", is written over the "Approved:" label.

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