

# Abdominal Pain

## Observations/NEWS on TRAK

Read patient alerts



- ☒ Temperature
- ☒ Pulse
- ☒ Blood pressure
- ☒ Respiratory rate

- ☒ Oxygen saturations (on air or O2 %)
- ☒ Blood glucose
- ☒ GCS
- ☒ **PAIN SCORE**

## Investigations

Discuss with senior staff; not all patients will require all investigations.

### Consider:

- IV access
- Abdominal pain bloods (as per order set): FBC, U&E, LFTs, CRP, amylase
- Venous blood gas (NEWS >5, elderly, AF)
- Urinalysis + HCG\* (Only send MSU if suspected sepsis)
- ECG (If >30 years old with epigastric pain or >45 years old)
- Blood cultures – if meets sepsis criteria

**?AAA – Alert Medical team:** If associated with collapse, pain radiating to back +/- low BP  
- Bedside USS (Unless normal calibre AAA in last 5 years)



## Treatments

### Consider:

- Analgesia - oral or intravenous depending on pain severity score
- Antiemetic
- IV fluids

## Red Flags

- **Aortic chest pain:** Sternum radiating to shoulder blade.
- **Aortic abdominal pain:** Central radiating to the back.
- **Aortic Pain:** May vanish and recur elsewhere, pain may also progress elsewhere e.g. arms, neck, lower jaw, stomach or hips.
- **Impending Doom.**
- **Vomiting Blood:** Fresh or altered blood (coffee ground) in vomit.
- **Ectopic Pregnancy:** \*Remember women of reproductive age (up to 55) may have normal observations despite ongoing intra-abdominal bleeding.
- **Skin Changes:** Mottling to abdomen and lower limbs.

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