

Abdominal Pain - Level II

ABDOMINAL PAIN Level II

Skill Level: RN

Definition: Constant, severe abdominal pain in upper or lower abdomen. This may be associated with bloody emesis, melena (black stool) or hematochezia (bright, red, bloody stool). Rebound, rigidity or guarding may be present in severe cases.

MODERATE	
<p>Subjective:</p> <ul style="list-style-type: none">• "I'm having stomach pain".• May have history of ulcers, cholelithiasis, kidney stones, appendicitis, trauma, or substance abuse.• May c/o nausea or vomiting.• May c/o diarrhea or constipation.• May complain of blood in stool or vomit.	<p>Assessment:</p> <ul style="list-style-type: none">• Alteration in comfort: Pain, nausea, and/or vomiting.• Alteration in nutritional status and potential for fluid volume deficit due to vomiting or diarrhea.
<p>Objective:</p> <ul style="list-style-type: none">• No signs or symptoms of shock.• No jaundice or scleral icterus.• May be moderately dehydrated.• May have complicating chronic medical illness, i.e., diabetes, renal failure, diverticular disease, Crohn's disease.• Abdominal Exam non-specific<ul style="list-style-type: none">○ No localized pain.○ No guarding or rebound pain.• Blood pressure and pulse may be elevated.• Bowel tones are present.• Temperature of 100.4 degrees F or higher.• Patient is not pregnant.	<p>Plan: Do all or any of Level I interventions. At nursing discretion may also use any of the below:</p> <ul style="list-style-type: none">• May obtain CBC and multi chem profile, stool for vomit or occult blood (ASAP). Add Urine Dip (and culture if indicated) if pain is in lower abdomen. Call provider if abnormal results.• Call medical provider, and make patient NPO if:<ul style="list-style-type: none">○ Pain is severe or localized.○ No bowel tones are present.○ Patient has temperature of 100.4 degrees F or higher or blood pressure is under 85 systolic.○ Patient is jaundiced or has scleral icterus.○ Patient has serious chronic medical condition such as diabetes or renal failure.○ Patient is pregnant.

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	<ul style="list-style-type: none"> • If patient is otherwise stable, after checking for allergy to medications, may suggest: <ul style="list-style-type: none"> --Zofran 4 mg PO BID/prn x 3 days for nausea. --Phenergan 25mg IM or PR x 3 days up to QID/prn for vomiting. --Imodium 2mg-2 tabs PO/prn initially, followed by 1 tab/prn with each diarrhea, BM up to total 6 tabs per day x 3 days. • <u>Call provider before issuing any medications to pregnant patients, complete pregnancy test as needed.</u> • Recheck patient at least daily until condition improved. • If condition, worsens, consider "severe" below. • Consider provider appointment next available working day if patient fits protocol, but is not improving.
SEVERE	
<p>Subjective:</p> <ul style="list-style-type: none"> • "I'm having severe stomach pain." • Vomiting blood. • Bloody diarrhea. • Vomiting without ability to eat. 	<p>Assessment:</p> <ul style="list-style-type: none"> • Potential for Injury: Possible shock. Alteration in nutritional status.
<p>Objective:</p> <ul style="list-style-type: none"> • Patient appears ill. • May have fever, increased respirations, hypotension, and/or tachycardia. • Dehydration, diaphoresis, dyspnea may be present. • Guarding, rebound pain, localized pain, distension may be present. • Bright red blood or coffee ground appearance to vomit. • Bloody diarrhea. 	<p>Plan:</p> <ul style="list-style-type: none"> • Prepare to transport for emergency care. • If S/S shock present, refer to Emergency Protocol for Shock. • Notify practitioner while waiting for transport to arrive.

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APPROVED:

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