



TITLE

ABDOMINAL PAIN - ADULT

SCOPE

Provincial: Emergency Departments and Urgent Care Centres

DOCUMENT #

HCS-60-01

APPROVAL AUTHORITY

Vice President, System Innovations & Programs

INITIAL EFFECTIVE DATE

June 11, 2014

SPONSOR

Emergency Strategic Clinical Network

REVISION EFFECTIVE DATE

September 3, 2019

PARENT DOCUMENT TITLE, TYPE, AND NUMBER

Not applicable

SCHEDULED REVIEW DATE

September 3, 2022

NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

If you have any questions or comments regarding the information in this document, please contact Policy Services at policy@ahs.ca. The Policy Services website is the official source of current approved policies, procedures, directives, standards, protocols, and guidelines. Only the electronic version of this document, as hosted on the Policy Services website or www.ahs.ca, is valid.

OBJECTIVES

- This protocol is intended for adult **patients** who present to an Emergency Department (ED) or Urgent Care Centre (UCC) with non-traumatic abdominal pain.
- To assist **health care professionals** when implementing specific diagnostics, therapeutics, and interventions for patients, prior to the initial Physician or Nurse Practitioner (NP) assessment.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1. Points of Emphasis

- 1.1 The health care professional shall notify the Physician or NP of any patient that is unstable or in obvious distress.
- 1.2 If a patient presents with two (2) or more Systemic Inflammatory Response Syndrome (SIRS) criteria and a potential source of infection, refer to the Alberta Health Services (AHS) *Suspected Sepsis Assessment and Treatment in the Adult Patient Protocol* (Emergency Strategic Clinical Network [ESCN]).

- 1.3 This protocol may be implemented when:
- a) there is a delay in the initial Physician or NP assessment; and
 - b) the patient is in an appropriate location to manage ongoing assessment and reassessment.
- 1.4 When this protocol has been implemented for a patient who subsequently leaves prior to the initial Physician or NP assessment, follow local process including documentation requirements and patient follow-up of abnormal results.

2. Inclusion Criteria

- 2.1 This protocol applies to:
- a) an adult patient presenting with non-traumatic abdominal pain with one (1) or more of the following symptoms:
 - (i) pale, lethargic;
 - (ii) fever or chills;
 - (iii) diarrhea or constipation;
 - (iv) urinary symptoms; and/or
 - (v) vomiting, nausea, or anorexia.

3. Exclusion Criteria

- 3.1 This protocol is not intended for patients presenting with the following:
- a) life-threatening cardiac symptoms such as those associated with myocardial infarction or aortic dissection;
 - b) traumatic abdominal pain/injury; or
 - c) pregnancy.

4. Assessment and Treatment

- 4.1 A complete nursing assessment is required including Provocation, Quality, Radiation, Severity, and Time (PQRST) assessment of the pain and associated symptoms. Obtain a full set of vital signs including blood pressure, temperature, pulse, respiratory rate, and oxygen saturation. (Refer to the *AHS Assessment and Reassessment of Patients* Guideline [ESCN]).
- 4.2 Complete a 12 lead electrocardiogram (ECG) on patients presenting with upper abdominal pain or exertional pain who have known coronary artery disease or risk factors for coronary artery disease (positive family history, tobacco use,

dyslipidemia, hypertension, and diabetes) to assess for potential ST Elevation Myocardial Infarction (STEMI).

- a) If ST segment elevation or depression is present, the health care professional shall bring the ECG to the attention of the Physician or NP as soon as possible and follow the AHS *Suspected Ischemic Chest Pain Protocol* (ESCN).
- b) For ECGs without ST elevation, follow local process:
 - (i) bring ECG to the attention of the Physician or NP; or
 - (ii) assess ECG for abnormalities that deviate from normal sinus rhythm. Compare current ECG with previous ECG, if available. If any new abnormalities (e.g., bundle branch block, flipped t waves, atrial fibrillation) are present or there are abnormalities present and no previous ECG to compare with, bring ECG to the attention of the Physician or NP.

4.3 Document on the patient's **health record** when the ECG is given to the Physician or NP for their evaluation.

4.4 The health care professional shall assess the need for an intravenous (IV) in patients who are not vomiting, able to tolerate oral fluids, or who may not require parenteral analgesia.

- a) If required, start an IV. The IV may be a saline lock or infuse 0.9% sodium chloride (normal saline) at 30 millilitres per hour (mL/hr).

5. Laboratory Tests

5.1 The following laboratory tests should be drawn and sent:

- a) complete blood count (CBC);
- b) electrolytes (sodium, potassium, chloride, carbon dioxide);
- c) creatinine; and
- d) glucose.

5.2 If patient presents with upper abdominal pain (above the umbilicus), these additional laboratory tests should be drawn and sent:

- a) alanine aminotransferase (ALT);
- b) alkaline phosphatase (ALP);
- c) gamma-glutamyl transferase (GGT);
- d) bilirubin; and

- e) lipase.

Note: Local practice guidelines may determine the laboratory tests that are included as part of this protocol.

- 5.3 If patient is a known diabetic or has signs and symptoms of dehydration (e.g., nausea with emesis, active diarrhea), obtain a Point of Care Test (POCT) blood glucose measurement.
- 5.4 If patient has dysuria, frequency, or urgency, obtain a mid-stream urine sample.
- a) Perform a Urine Dip / POCT.
- (i) If POCT is positive for blood, leukocytes, and/or nitrites, send specimen for urinalysis. Do not send urine for culture and sensitivity (C & S) unless ordered by a Physician or NP.
- 5.5 For any patient with a uterus of childbearing age (excluding patients who have a current confirmed pregnancy), obtain urine for POCT or serum for Beta-Human Chorionic Gonadotropin (β -HCG).

6. Medications

- 6.1 Acetaminophen may be offered in accordance with the AHS *Treatment of Pain and/or Fever with Acetaminophen or Ibuprofen* Protocol (ESCN).
- 6.2 Obtain a patient-specific **order** for further analgesic or antiemetic if required.

7. Documentation

- 7.1 The health care professional shall document on the patient's health record:
- a) initiation of this protocol;
- b) assessments;
- c) reassessments;
- d) interventions; and
- e) patient's responses to interventions.

DEFINITIONS

Health care professional means an individual who is a member of a regulated health discipline, as defined by the *Health Disciplines Act* (Alberta) or the *Health Professions Act* (Alberta), and who practices within scope or role.

Health record means the Alberta Health Services legal record of the patient's diagnostic, treatment and care information.

Order means a direction given by a regulated health care professional to carry out specific activity(-ies) as part of the diagnostic and/or therapeutic care and treatment to the benefit of a patient. An order may be written (including handwritten and or electronic), verbal, by telephone or facsimile.

Patient means all persons inclusive of residents and clients who receive or have requested health care or services from Alberta Health Services and its health care providers. Patient also means, where applicable: a) a co-decision-maker with the person; or b) an alternate decision-maker on behalf of the person.

REFERENCES

Alberta Health Services Governance Documents:

- *Assessment and Reassessment of Patients* Guideline (ESCN) (# HCS-181-01)
- *Suspected Ischemic Chest Pain* Protocol (ESCN) (#HCS-195-01)
- *Suspected Sepsis Assessment and Treatment in the Adult Patient* Protocol (ESCN) (#HCS-09-19)
- *Treatment of Pain and/or Fever with Acetaminophen or Ibuprofen* Protocol (ESCN) (#HCS-251-01)

© 2021, Alberta Health Services, Policy Services



This work is licensed under a Creative Commons Attribution-Non-commercial-Share Alike 4.0 International license. The licence does not apply to AHS trademarks, logos or content for which Alberta Health Services is not the copyright owner. This material is intended for general information only and is provided on an "as is", "where is" basis. Although reasonable efforts were made to confirm the accuracy of the information, Alberta Health Services does not make any representation or warranty, express, implied or statutory, as to the accuracy, reliability, completeness, applicability or fitness for a particular purpose of such information. This material is not a substitute for the advice of a qualified health professional. Alberta Health Services expressly disclaims all liability for the use of these materials, and for any claims, actions, demands or suits arising from such use.