

TREATMENT:

- A. Treat per Universal Patient Care protocol.
- B. Obtain 12 lead ECG as indicated.
- C. Place patient in a position of comfort.
- D. If systolic blood pressure is < 90 mmHg systolic follow Shock Protocol. If traumatic injury is suspected, enter patient into Trauma System. If patient has a suspected abdominal aortic aneurysm: titrate IV to maintain systolic blood pressure of 90 mmHg.
- E. Nothing by mouth
- F. Establish IV NS TKO.
- G. Treat pain per Pain Management Protocol.
 - a. **Fentanyl 50 mcg IM/IN/IV/IO.** Contact medical control for respiratory depression/compromise, shock, or altered mental status. Repeat every 3-5 minutes PRN.
 - b. **Morphine 2-5 mg IM/IN/IV/IO.** Repeat every 3-5 minutes PRN to a maximum amount of 20 mg.

PEDIATRIC PATIENTS:

- A. Consider non-accidental trauma.
- B. Closely monitor vital signs, blood pressure may drop quickly.
- C. **Fentanyl or Morphine** per Pain Management protocol PRN.

NOTES & PRECAUTIONS:

- A. Abdominal pain may be the first sign of catastrophic internal bleeding (ruptured aneurysm, liver, spleen, ectopic pregnancy, perforated viscous, etc).
- B. Since the bleeding is not apparent you must think of volume depletion and monitor the patient closely for signs of shock.

KEY CONSIDERATIONS:

Inferior MI, ectopic pregnancy, abdominal aortic aneurysm, recent trauma, perforated viscous, emesis type and amount, last meal, bowel movements, urinary output, ruptured spleen or liver, GI bleed, abnormal vaginal bleeding.