

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8007.18
	PROGRAM DOCUMENT: Abdominal Pain –NEW FORMAT	Draft Date:	06/14/96
		Effective:	11/01/16
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		Review:	05/01/18

 EMS Medical Director

 EMS Administrator

Purpose:

- A. To serve as the treatment standard for Emergency Medical Technicians and Paramedics in treating patients with abdominal pain.

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

Protocol:

BLS TREATMENT

ABC's / Routine Care- Supplemental O2 as necessary to maintain SpO2 ≥94%. Use lowest concentration and flow rate of O2 as possible. Airway adjuncts as needed.
 Note: Postural vital signs are not required and shall not delay transport
Transport in position of comfort

ALS TREATMENT

Advanced Airway: Advanced airway adjuncts as needed.
Assessment: If the assessment indicates any of the following:

- a. Hemodynamic instability
- b. Concurrent respiratory compromise
- c. Glasgow Coma Score ≤ 13
- d. Significant hemorrhage
- e. Pulsatile abdominal mass

OR

If the pulse rate is ≥ 120 beats per minute AND there are signs of hypoperfusion such as decreased sensorium, diaphoresis, capillary refill greater than two seconds, cool extremities, or cyanosis: Establish Intravenous Access with Normal Saline, titrate to a systolic blood pressure of 90-100 mmHg.
Establish Cardiac Monitoring
Pain Control: For severe pain, and only if SBP > 90 mmHg, consider administration of opiate pain medications per Pain Management Policy PD#8066
Consider 12-Lead ECG for pain localized to upper abdomen.

Cross reference: Shock PD#8038
 Pain Management PD#806