

Treatment Protocols**Date: 07/01/2023*****Abdominal Pain – Adult*****Policy #9010A**

Stable Blood pressure >90 mmHg	Unstable Systolic blood pressure <90 mmHg, and/or signs of poor perfusion
Adult BLS Standing Orders	
<ul style="list-style-type: none"> • Universal Patient Protocol • For female patients, establish last menstrual period through age 50 years old • Encourage immediate transport 	<ul style="list-style-type: none"> • Universal Patient Protocol • For female patients, establish last menstrual period through age 50 years old • Encourage immediate transport
Adult LALS Standing Order Protocol	
<ul style="list-style-type: none"> • Saline lock/IV PRN 	<ul style="list-style-type: none"> • Establish IV • NS 500-1,000 mL IV MR x 1 to a max of 2,000 mL to maintain a SBP of ≥ 90 mmHg
Adult ALS Standing Order Protocol	
<ul style="list-style-type: none"> • Monitor EKG • Saline lock/IV/IO PRN • Ondansetron 4 mg IV/IO/IM/ODT PRN x1, MR x1, total 8 mg • Pain Management Protocol PRN 	<ul style="list-style-type: none"> • Monitor EKG • Establish IV/IO PRN • NS 500-1,000 mL IV MR x 1 to a max of 2,000 mL to maintain a SBP of ≥ 90 mmHg • Ondansetron 4 mg IV/IO/IM/ODT PRN, MR x1, total 8 mg • Pain Management Protocol PRN
Adult Base Hospital Orders	
<ul style="list-style-type: none"> • BH - Repeat Ondansetron 4 mg 	<ul style="list-style-type: none"> • BH - Repeat NS bolus • BH - Repeat Ondansetron 4 mg

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- Consider 12 lead EKG in patients with diffuse or epigastric pain, as potential anginal equivalent
- Less frequently adults' abdominal pain can be anaphylaxis. Consider epinephrine IM if clinical history and exam are consistent with anaphylaxis.
- In elderly adults, abdominal pain is often a life-threatening illness. Minimize time on scene to shorten time to definitive care.
- For persistent hypotension, see **Shock Protocol**
- Signs of poor perfusion include:
 - \ddagger SBP <90 mmHg and exhibiting any of the following signs/symptoms of inadequate perfusion, e.g.,
 - Altered mental status (decreased LOC, confusion, agitation)
 - Pallor
 - Diaphoresis
 - Significant chest pain of suspected cardiac origin
 - Severe dyspnea

APPROVED:

Signature on File

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