## **Treatment Protocols** <u>Abdominal Pain - Pediatric</u>

Stable	Unstable
Blood pressure appropriate for age	Systolic blood pressure low for age, and/or signs of poor perfusion
Pediatric BLS Standing Orders	
<ul> <li>Universal Patient Protocol</li> <li>In females, establish last menstrual period if applicable</li> </ul>	<ul> <li>Universal Patient Protocol</li> <li>In females, establish last menstrual period if applicable</li> </ul>
Pediatric LALS Standing Order Protocol	
• Establish IV as needed	<ul> <li>Establish IV</li> <li>NS 0.9% 20 mL/kg IV bolus; titrated to age appropriate systolic BP</li> </ul>
Pediatric ALS Standing Order Protocol	
<ul> <li>Establish IO PRN</li> <li>Ondansetron 0.1 mg/kg, max 4 mg - IV/IO/IM/ODT PRN</li> <li>Pain Management Protocol</li> </ul>	<ul> <li>Immediate transport</li> <li>Establish IO PRN</li> <li>Ondansetron 0.1 mg/kg, max 4 mg - IV/IO/IM/ODT PRN x1</li> <li>Pain Management Protocol</li> </ul>
Pediatric Base Hospital Orders	
• BH – repeat Ondansetron x 1 dose	<ul> <li>BH - Repeat IV fluid bolus x 1</li> <li>For persistent hypotension, see Shock Protocol</li> <li>BH - Repeat Ondansetron x 1 dose</li> </ul>
<ul> <li><u>Notes</u></li> <li>In pediatrics (and less frequently adults), abdominal pain can be anaphylaxis. Consider epinephrine IM if clinical history and exam are consistent with anaphylaxis.</li> </ul>	

## APPROVED:

Signature on File Katherine Staats, M.D. EMS Medical Director