

OPERATIONS: BLS/ALS TREATMENT PROTOCOLS

DATE: 03/08/12

SUBJECT: ABDOMINAL DISCOMFORT (NON-TRAUMATIC)

POLICY NUMBER: 9100

<p style="text-align: center;"><u>BLS</u></p>	<p style="text-align: center;"><u>ALS</u></p>
<p>NOTE: Immediate transport for suspected intra-abdominal catastrophe (e.g., suspected ectopic pregnancy, abruptio placenta, abdominal aortic aneurysm, or unstable vital signs). Titrate fluid infusion to a systolic BP 90.</p>	


Ensure patent airway, give oxygen and/or ventilate prn
Monitor O2 saturation prn
Nothing by mouth
Anticipate vomiting

Monitor ECG for upper abdominal pain in patients for whom a cardiac cause is a consideration (e.g., males > 35 yrs; females > 45 yrs/postmenopausal), Monitor O2 saturation prn
SO Establish Saline lock/IV prn
SO Ondansetron 4mg ODT/IV/IM.
BH Morphine Sulfate 2-10mg in 2mg increments IVP q 5 min. for pain if stable
(Use caution: suspected intra-abdominal catastrophe - see note)

If patient presents with a suspected intra-abdominal catastrophe:
SO 500 ml Normal Saline bolus IV; titrate fluid infusion to a systolic BP ≥ 90.

PEDIATRIC NOTE:
Refer to Pediatric Drug Guide
BHP Morphine Sulfate
BHP Ondansetron 0.1mg/kg max of 4mg IV/IM
For patients ≥ 40 kg; Administer one (1) Ondansetron 4mg ODT

APPROVAL:



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