Clinical Practice Guidelines:
Medical/Abdominal emergencies

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Date	October, 2017
Purpose	To ensure consistent management of patients with abdominal emergencies.
Scope	Applies to Queensland Ambulance Service (QAS) clinical staff.
Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless stated otherwise.
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Abdominal emergencies

October, 2017

Abdominal pain is a common symptom experienced by patients. It may be associated with transient disorders or serious disease. In the majority of presentations the cause is benign and/or self-limiting. However, many causes are time critical and may require urgent intervention.

This CPG deals with non-traumatic causes of abdominal emergencies; for trauma related abdominal emergencies please refer to *CPG: Abdominal trauma*.

Time critical abdominal emergencies include: [1,2,3]

- Ectopic pregnancy
- Ruptured abdominal aortic aneurism (AAA): dilation and rupturing of the aorta within the abdomen.
- Peritonitis and sepsis: Inflammation of the serosal membrane of the abdominal cavity, usually caused by perforation of a visceral organ.
- Testicular/ovarian torsion: Causing interruption to vascular supply and ischaemic pain.
- Uncontrolled gastro intestinal tract (GIT) haemorrhage:
  - *Upper GIT* – oseophagus, stomach and duodenum
  - *Lower GIT* – small bowel and colon
- Acute bowel obstruction
- Acute pancreatitis

Clinical features

High risk:

- Age > 60 years
- Severe abdominal pain and/or tenderness suggestive of peritonism
- Altered VSS
- Nausea and/or vomiting
- History of haematemesis and/or melaena
- Female of child bearing age
- Older people and paediatric patients

Risk Assessment

- Cardiac pain can mimic gastro-oesophageal reflux (indigestion).
- AAAs may masquerade as renal colic pain, especially in older patients.[4]

Additional information

- The target of fluid resuscitation in a dissecting and/or ruptured AAA, GI bleed or ruptured ectopic pregnancy is to maintain perfusion of vital organs. Radial pulse may be used as a marker of perfusion.[5,6,7]
- Patients with a dissecting AAA are usually in severe pain and require IV narcotic analgesia, which should not be delayed or withheld.[8]
- Cardiac ischaemia may present with abdominal pain, therefore **ALL** patients should have a 12-Lead ECG acquired and interpreted for risk stratification.
- The presence of normal vital signs does not preclude serious abdominal disease.
- The assessment of abdominal pain is complex and requires multi-modal investigation. **ALL** patients with abdominal pain should be transported for further medical assessment.