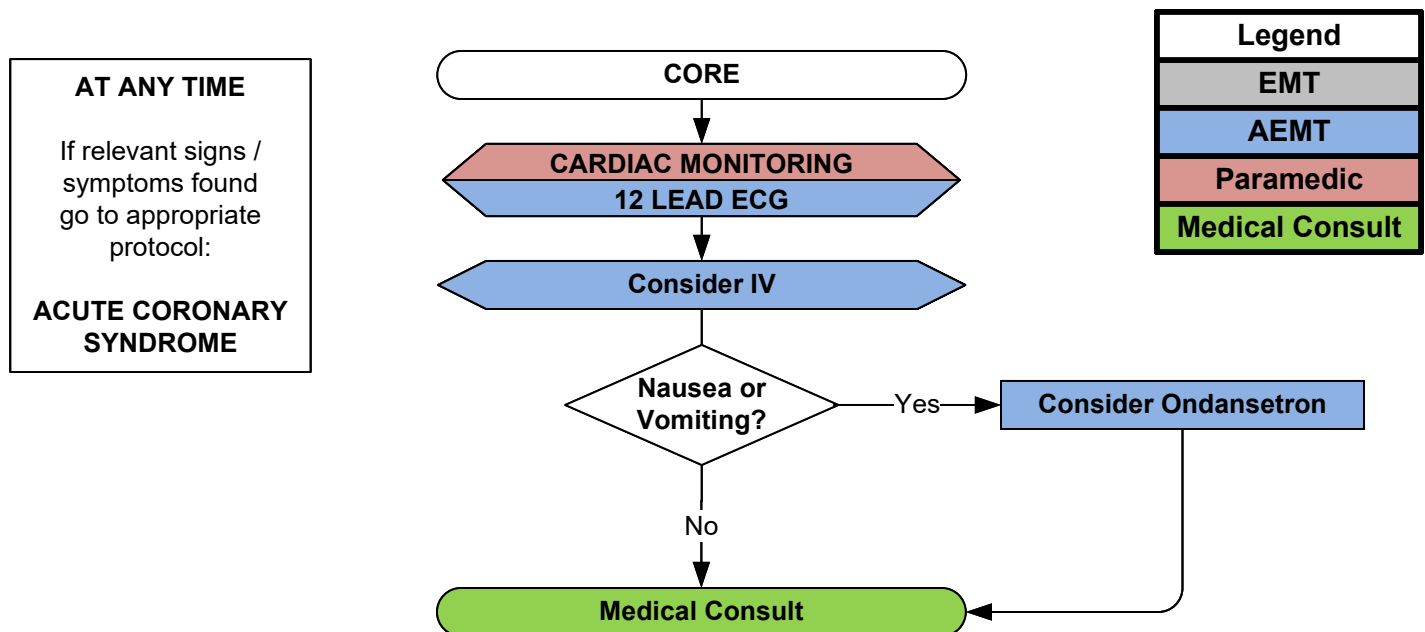


# ABDOMINAL PAIN / GI PROBLEM

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| <b>History:</b> <ul style="list-style-type: none"> <li>○ Age</li> <li>○ Onset</li> <li>○ Palliation / Provocation</li> <li>○ Quality (crampy, constant, sharp, dull, etc.)</li> <li>○ Region / Radiation / Referred</li> <li>○ Severity (0-10)</li> <li>○ Time (duration / repetition)</li> <li>○ Fever</li> <li>○ Last meal eaten</li> <li>○ Last bowel movement</li> <li>○ Menstrual history</li> <li>○ SAMPLE</li> </ul> | <b>Signs and Symptoms:</b> <ul style="list-style-type: none"> <li>○ Pain (location / migration)</li> <li>○ Tenderness</li> <li>○ Nausea</li> <li>○ Vomiting</li> <li>○ Diarrhea</li> <li>○ Dysuria</li> <li>○ Constipation</li> <li>○ Vaginal bleeding / discharge</li> <li>○ Pregnancy</li> <li>○ Associated symptoms: (Helpful to localize source) Fever, headache, weakness, malaise, myalgias, cough, headache, mental status changes, rash</li> <li>○ Absent femoral pulses</li> </ul> | <b>Differential:</b> <ul style="list-style-type: none"> <li>○ Abdominal aneurysm</li> <li>○ Pulmonary embolus or Pneumonia</li> <li>○ Pelvic (PID, Ectopic pregnancy, cyst)</li> <li>○ Liver (hepatitis)</li> <li>○ Peptic ulcer disease / Gastritis</li> <li>○ Gallbladder</li> <li>○ Myocardial infarction</li> <li>○ Pancreatitis</li> <li>○ Kidney stone</li> <li>○ Appendicitis</li> <li>○ Bladder/ Prostate disorder</li> <li>○ Spleen enlargement</li> <li>○ Diverticulitis</li> <li>○ Bowel obstruction</li> <li>○ Gastroenteritis (infectious)</li> </ul> |
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## Pearls:

- **Over 25% of acute myocardial infarctions present with ANGINAL EQUIVALENT symptoms, including abdominal pain/discomfort.**
- Elderly patients with hypotension and/or with major cardiac risk factors should be evaluated for possible Abdominal Aortic Aneurysm (AAA) with dissection and STEMI.
- Abdominal pain in women of childbearing age should be treated as an ectopic pregnancy until proven otherwise.
- The diagnosis of abdominal aneurysm should be considered with abdominal pain in patients over 50 years-old.
- Consider orthostatic BP in patients who exhibit signs of hypovolemia i.e. patients presenting with nausea, vomiting and/or diarrhea.
- Patients over 40 years-old with 3 or more major cardiac risk factors i.e.-tobacco (packs per day x years), hypertension, hyperlipidemia, genetics (mother, father, brother, or sister had MI or CABG prior to age 55), cocaine use, diabetes, should have a 12 lead ECG performed.
- Advanced treatment is generally not required for patients < 40 years of age who have a soft and non-tender abdomen, are without fever, have stable vital signs, and are not complaining of nausea, vomiting, and/or diarrhea.
- Quantify vaginal bleeding and discharge.