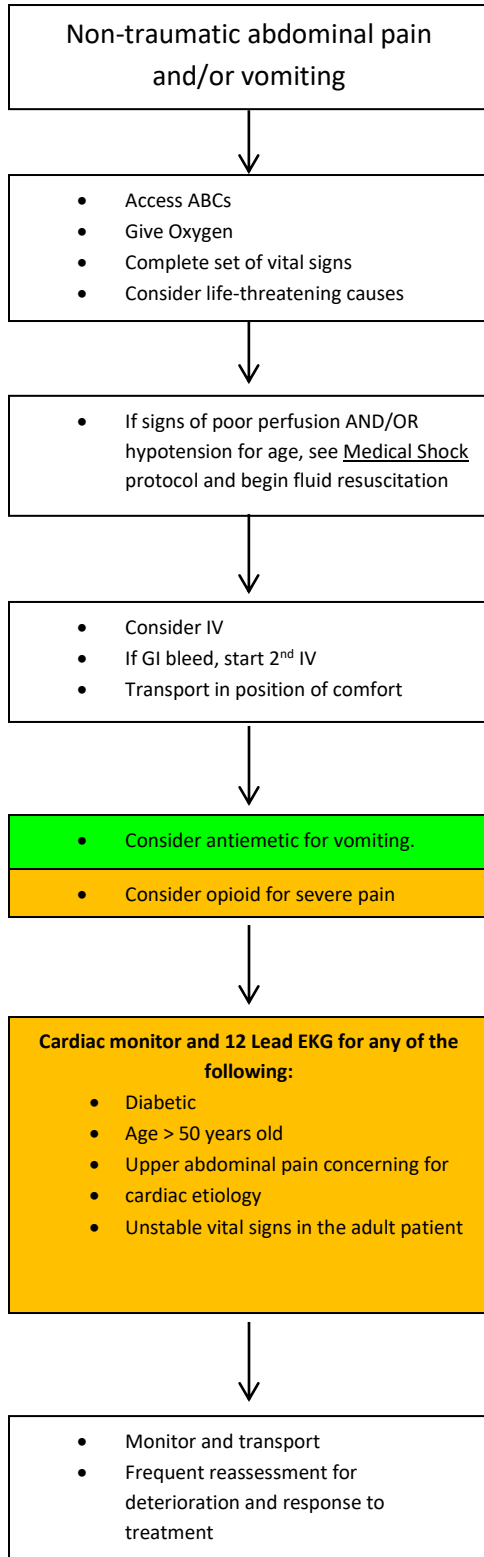


M030 ABDOMINAL PAIN / VOMITING

- Abdominal exam:**
- Gently palpate 4 quadrants, noting areas of tenderness, guarding, rigidity or distension
 - Note any pulsatile mass
 - Note surgical scars
 - Check bilateral radial pulses
 - Check bilateral blood pressures

- History:**
- Onset, location, duration, radiation of pain
 - Associated sx: vomiting, GU sx, hematemesis, coffee ground emesis, melena, rectal bleeding, vaginal bleeding, known or suspected pregnancy, recent trauma



EMT	AEMT
EMT-I	Paramedic

- Life Threatening Causes:**
- Cardiac etiology: MI, ischemia
 - Vascular etiology: AAA, dissection
 - GI bleed
 - Gynecologic etiology: ectopic pregnancy

- Elderly Patients:**
- Much more likely to have life-threatening cause of symptoms
 - Always consider vascular emergencies: AAA, MI
 - Shock may be occult, with absent tachycardia in setting of severe hypovolemia

- Pediatric Patients:**
- Life threatening causes vary by age.
 - Consider occult or non-accidental trauma, toxic ingestion, GI bleed, peritonitis
 - For most pediatric patients without signs of shock, no IV is required and pharmacologic pain management should be limited.