**Abdominal Pain**

### History
- Age
- Past medical / surgical history
- Medications
- Onset
- Palliation / Provocation
- Quality (crampy, constant, sharp, dull, etc.)
- Region / Radiation / Referred
- Severity (1-10)
- Time (duration / repetition)
- Fever
- Last meal eaten
- Last bowel movement / emesis
- Menstrual history (pregnancy)

### Signs and Symptoms
- Pain (location / migration)
- Tenderness
- Nausea
- Vomiting
- Diarrhea
- Dysuria
- Constipation
- Vaginal bleeding / discharge
- Pregnancy

**Associated symptoms:**
(Helpful to localize source)
Fever, headache, weakness, malaise, myalgias, cough, headache, mental status changes, rash

### Differential
- Pneumonia or Pulmonary embolus
- Liver (hepatitis, CHF)
- Peptic ulcer disease / Gastritis
- Gallbladder
- Myocardial infarction
- Pancreatitis
- Kidney stone
- Abdominal aneurysm
- Appendicitis
- Bladder / Prostate disorder
- Pelvic (PID, Ectopic pregnancy, Ovarian cyst)
- Spleen enlargement
- Diverticulitis
- Bowel obstruction
- Gastroenteritis (infectious)

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**Recommended Exam:** Mental Status, Skin, HEENT, Neck, Heart, Lung, Abdomen, Back, Extremities, Neuro

- Document the mental status and vital signs prior to administration of anti-emetics
- Abdominal pain in women of childbearing age should be treated as an ectopic pregnancy until proven otherwise.
- Antacids should be avoided in patients with renal disease.
- The diagnosis of abdominal aneurysm should be considered with abdominal pain in patients over 50.

**Pearls**
- Repeat vital signs after each bolus.
- The use of metoclopramide (Reglan) may worsen diarrhea and should be avoided in patients with this symptom.
- Choose the lower dose of promethazine (Phenergan) for patients likely to experience sedative effects (e.g., elderly, debilitated, etc.)
- Appendicitis may present with vague, peri-umbilical pain which migrates to the RLQ over time.