STANDING ORDER

ABDOMINAL PAIN

1. **Assessment**
    a. History
        i. Location, duration, pattern of pain (constant or intermittent)
        ii. When did it start and anything precipitating/leading up to the start of the pain?
        iii. Anything tried to make the pain better? Did it work? Anything that makes the pain worse (does passing stool/flatus improve the pain?)
        iv. History of abdominal surgeries?
        v. LMP for female inmates, chance she is pregnant?
        vi. Last BM
        vii. Associated symptoms: nausea, vomiting, diarrhea, constipation, loss of appetite, fever, vaginal bleeding, vaginal discharge, penile discharge, testicular pain, hematuria, dysuria, black tarry stools, bloody stools, coffee-ground emesis.
    b. Exam (exam is best done without asking the inmate if he/she has pain in various areas, if there is pain it will be evident upon exam. This is an objective exam, so n)
        i. Ask inmate to move to exam table, observe movements from chair to a laying down position – someone in pain will have difficulty doing this and it will be evident, especially with using abdominal muscles to get to a laying down position. Also, observe inmate when gets up from the exam table. Any visible signs of pain with these movements and ambulation?
        ii. Auscultate bowel sounds prior to any palpation
        iii. Observe abdomen, is it distended, flat, obese?
        iv. Palpate all areas of the abdomen separately with knees bent – epigastric, LUQ, RUQ, LLQ, RLQ, umbilical, suprapubic – where is pain the worst? Is it generalized in all quadrants?
        v. Is there involuntary guarding? (Put hands on both sides of lower abdomen and alternate pressing quickly between both hands. If there is involuntary guarding the abdomen will be tense and you will be unable to press down.)

vi. Specific signs and pain at specific sites – McBurney's point, Psoas sign, Murphy's point

vii. Obtain urine HCG for all female inmates regardless of reported LMP

viii. Document all your findings

2. Management

a. Contact the Facility Provider or send to the Emergency Room if you are concerned for any of the following medical emergencies:

Condition	History (reported from patient)	Exam (objective evidence)
Appendicitis	Acute onset of constant pain worsening over the past 24-48 hours localized to the RLQ, loss of appetite and nausea will be present, fever and vomiting may be present.	Pain is worse in RLQ, positive Psoas sign, pain at McBurney's point with deep palpation, involuntary guarding, ambulating/movement will cause pain, rebound tenderness may be present
Ovarian Torsion	Acute onset of constant moderate to severe pelvic pain that coincides with intermittent waves of nausea and sometimes vomiting	Pain is unilateral to affected side that can radiate into the pelvis, tachycardia and low grade fever may be present, you may or may not palpate a mass in the affected side
Ectopic Pregnancy	Acute onset of sudden lower abdominal pain (may be diffuse or localized to one side) with vaginal spotting or bleeding, may be "late" on period and bleeding will start with abdominal pain which inmate may think is normal period, may have nausea and vomiting. Usually presents 6-8 weeks after missed period.	Urine HCG will be positive, abdominal tenderness in lower quadrants, may have rebound tenderness
Bowel Obstruction	Periumbilical pain with intermittent cramping pain every 4-5 minutes, inability to pass flatus and stool, may have nausea and vomiting, emesis may be bile-stained, history of abdominal surgeries or cancer	Tachycardia, may have hypotension and fever, abdomen will be distended with diffuse tenderness, hyperactive high-pitched bowel sounds when early obstruction, hypoactive the longer it progresses, involuntary guarding present
Acute Cholecystitis	Acute onset of prolonged constant (>4-6 hours), severe, RUQ or epigastric pain that may radiate to the right shoulder or back, fever, nausea, vomiting, and loss of	Fever, ill-appearing, tachycardia and movement will be very difficult, involuntary and voluntary guarding of abdomen, positive

	appetite usually present	Murphy's sign, severe cases may have signs of bowel obstruction
Perforated Gastric Ulcer	Abrupt onset of severe pain, within 30 minutes pain is diffuse and worsening, no appetite, possible hematemesis, may have no known history of ulcerative disease or symptoms of this	Initially pain is epigastric but then quickly (within 30 mins of onset) becomes diffuse and abdomen becomes rigid (board-like abdomen)

b. If no concern for medical emergency, please schedule inmate to be seen by provider at next clinic day to evaluate and manage abdominal pain.

c. Contact the Facility Provider if you would like any medications given for associated symptoms with abdominal pain if you feel inmate needs medications before Provider is able to assess.