COUNTY OF SACRAMENTO
EMERGENCY MEDICAL SERVICES AGENCY

Program Document: **Abdominal Pain**
Policy Number: 8007.22

Initial Date: 06/14/96
Last Approved Date: 03/26/24

Effective Date: 11/01/24
Next Review Date: 03/01/26

Signature on File
EMS Medical Director

Signature on File
EMS Administrator

Purpose:

A. To establish the treatment standard for patients with abdominal pain.

Authority:

A. California Health and Safety Code, Division 2.5
B. California Code of Regulations, Title 22, Division 9

Protocol:

BLS:

1. ABC's/Routine Care-Supplemental O2 as necessary to maintain SPO2 ≥ 94%. Use lowest concentration and flow rate of O2 as possible. Airway adjuncts as needed.
2. Transport in position of comfort

ALS:

1. Establish vascular access for any of the following, with Normal Saline and titrate to a systolic blood pressure of ≥ 90 mmHg.
   a. Hemodynamically unstable/Hypo-perfusion
   b. Concurrent respiratory compromise
   c. Glasgow Coma Score ≤13
   d. Significant hemorrhage
   e. Pulsatile abdominal mass
   f. Suspected ectopic pregnancy
   g. May establish an IV for pain management
2. Establish cardiac monitoring

3. Pain Control: For severe pain, consider administration of pain medications per PD# 8066 – Pain Management Policy
4. Consider treating nausea and/or vomiting per PD# 8063 – Nausea and/or Vomiting

Cross Reference:

PD# 8038 – Shock
PD# 8066 – Pain Management
PD# 8063 – Nausea and/or Vomiting