	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	8007.22
	PROGRAM DOCUMENT:	Initial Date:	06/14/96
	Abdominal Pain	Last Approved Date:	03/10/22
A NEGRA		Effective Date:	05/01/23
		Next Review Date:	03/01/24

Signature on File

Signature on File

EMS Medical Director

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 O_2 as necessary to maintain SPO ₂ \ge 94%. Use lowes		
concentration and flow rate of O_2 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 \geq 90 mmHg.		
 Hemodynamically unstable/Hypo-perfusion 		
 Concurrent respiratory compromise 		
 Glasgow Coma Score ≤13 		
Significant hemorrhage		
Pulsatile abdominal mass		
Suspected ectopic pregnancy		
 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