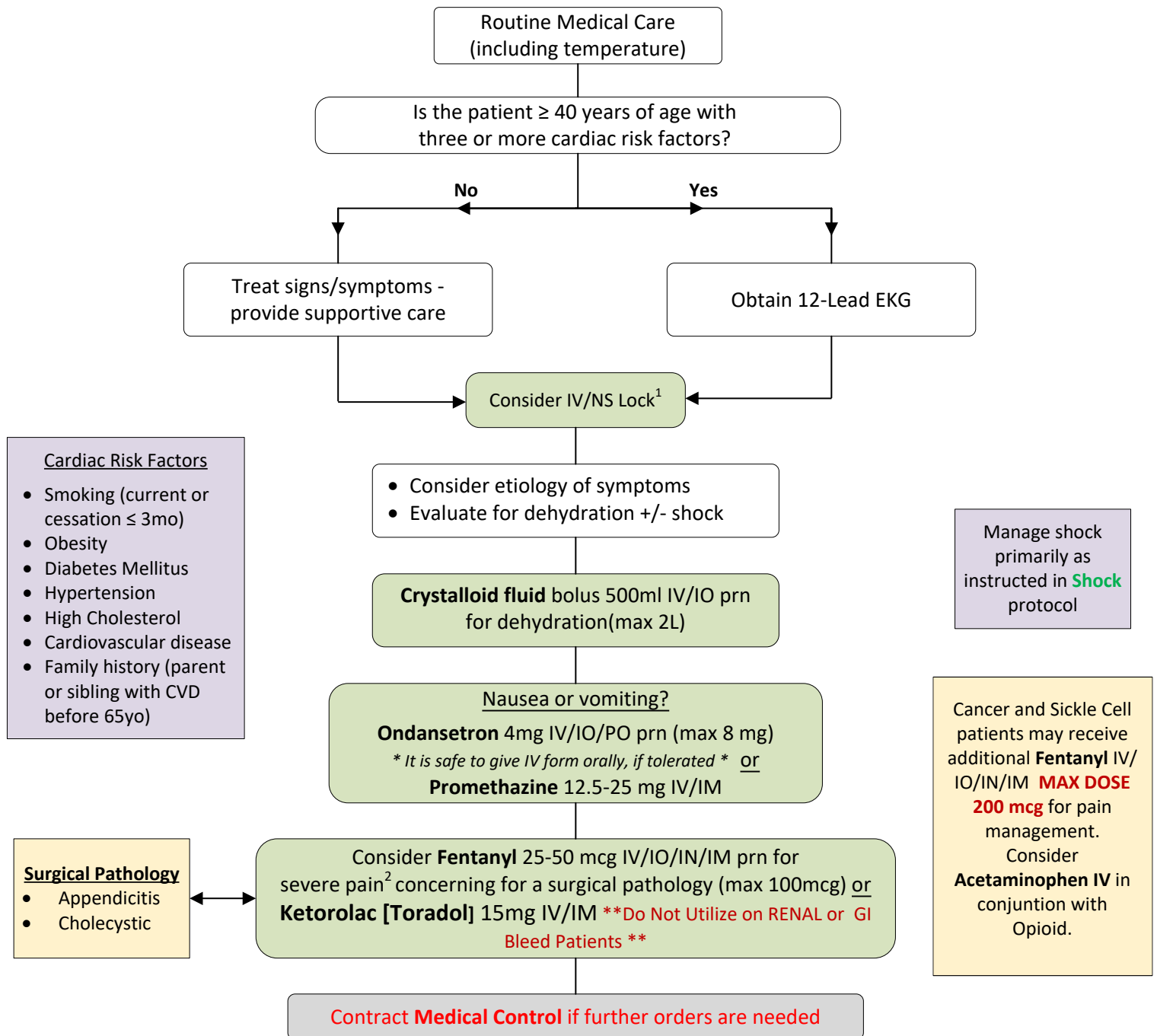


# Non-Traumatic Abdominal Pain | Nausea & Vomiting



## Possible Causes of Abdominal Pain

Obtain a thorough history (SAMPLE/OPQRST) to help identify etiology (e.g. last BM, last menstruation, h/o hernia, etc)

- |  |  |  |
|--|--|--|
| <ul style="list-style-type: none"> <li>• Myocardial infarction °</li> <li>• CHF °</li> <li>• Aortic dissection °</li> <li>• Aortic aneurysm °</li> <li>• Bowel ischemia °</li> <li>• Bowel obstruction</li> <li>• GI Bleed¹</li> </ul> | <ul style="list-style-type: none"> <li>• Pneumonia/PE</li> <li>• DKA</li> <li>• Gastroenteritis</li> <li>• Peptic ulcer disease/gastritis</li> <li>• Pancreatitis</li> <li>• Diverticulitis</li> <li>• Appendicitis</li> </ul> | <ul style="list-style-type: none"> <li>• Pregnancy (including ectopic)</li> <li>• Pelvic disease (PID, cyst)</li> <li>• Bladder/prostate disorder</li> <li>• Kidney stone</li> <li>• Gallbladder disease</li> <li>• Liver disease</li> </ul> |
|--|--|--|

° Consider in patients with cardiac risk factors, especially the elderly

¹ Start two, large bore IVs if GI bleed is suspected

² Research has shown that analgesia does not interfere with the evaluation of an acute abdomen. Avoid opiates in patients who are pregnant or who have dental pain, chronic pain (not on hospice), or care plans that prohibit the use of narcotics.