Abdominal Pain - Male
Adult After-Hours Version

- DEFINITION -

* Pain or discomfort located between the bottom of the rib cage and the groin crease.
* Male

PAIN SEVERITY is defined as:
* MILD (1-3): doesn't interfere with normal activities, abdomen soft and not tender to touch
* MODERATE (4-7): interferes with normal activities or awakens from sleep, tender to touch
* SEVERE (8-10): excruciating pain, doubled over, unable to do any normal activities

- INITIAL ASSESSMENT QUESTIONS -

1. LOCATION: "Where does it hurt?"
2. RADIATION: "Does the pain shoot anywhere else?" (e.g., chest, back)
3. ONSET: "When did the pain begin?" (Minutes, hours or days ago)
4. SUDDEN: "Gradual or sudden onset?"
5. PATTERN "Does the pain come and go, or has it been constant since it started?"
   (Note: most serious pain is constant and it progresses)
6. SEVERITY: "How bad is the pain?" (e.g., Scale 1-10; mild, moderate, or severe)
   - MILD (1-3): doesn't interfere with normal activities, abdomen soft and not tender to touch
   - MODERATE (4-7): interferes with normal activities or awakens from sleep, tender to touch
   - SEVERE (8-10): excruciating pain, doubled over, unable to do any normal activities
7. RECURRENT SYMPTOM: "Have you ever had this type of abdominal pain before?" If so, ask:
   "When was the last time?" and "What happened that time?"
8. CAUSE: What do you think is causing the abdominal pain?
9. RELIEVING/AGGRAVATING FACTORS: "What makes it better or worse?" (e.g., movement, antacids, bowel movement)
10. OTHER SYMPTOMS: "Has there been any vomiting, diarrhea, constipation, or urine problems?"

- BACKGROUND INFORMATION -

GENERAL
* Abdominal pain is a very common symptom. Sometimes it may be a symptom of a benign gastrointestinal disorder like gas, over-eating, or gastroenteritis. At times abdominal pain is a symptom of a moderately serious problem like appendicitis or biliary colic (gallstones). Abdominal pain may also be the warning symptom of life-threatening conditions like perforated peptic ulcer disease, mesenteric ischemia, and ruptured abdominal aortic aneurysm.
* Pain in the elderly carries with it a higher risk of serious illness. In one study of elderly patients presenting to an emergency department with abdominal pain, 40% had surgical illness.

TOP CAUSES OF ABDOMINAL PAIN IN MEN YOUNGER THAN 50 YEARS OF AGE
* Appendicitis
* Gallbladder disease
* Nonspecific abdominal pain
* Peptic ulcer disease

TOP CAUSES OF ABDOMINAL PAIN IN MEN OLDER THAN 50 YEARS OF AGE
* Appendicitis
* Bowel obstruction
* Diverticulitis
* Gallbladder disease
* Pancreatitis
* Peptic ulcer disease

LOCATION OF PAIN AND POSSIBLE ETIOLOGIES
* RUQ: liver and gall bladder
* Epigastric: heart, stomach, duodenum, esophagus, gallbladder, pancreas
* LUQ: spleen, stomach
* Periumbilical: pancreas, early appendicitis, small bowel
* RLQ: ileum, appendix, kidney
* Suprapubic: bladder, rectum, colon
* LLQ: sigmoid colon, kidney

FIRST AID
FIRST AID ADVICE FOR SHOCK: Lie down with the feet elevated.

REFERENCES

SEARCH WORDS
ABDOMEN
ABDOMINAL CRAMPS
ABDOMINAL PAIN
ABDOMINAL SWELLING
ABDOMINAL WALL PAIN
BILIARY COLIC
BLADDER PAIN
BLOATING
COFFEE GROUND EMESIS
COLON PAIN
CONSTANT PAIN
CRAMPING PAIN
CRAMPS
DYSPEPSIA
EMESIS
EPIGASTRIC PAIN
FLANK PAIN
GALLBLADDER PAIN
GASTRITIS
GI PAIN
HOLDING ABDOMEN
INDIGESTION
INTESTINAL PAIN
INTESTINES
LOWER ABDOMINAL PAIN
LOWER ABDOMINAL PAINS
NAUSEA
PAIN
SEVERE PAIN
SPASM
STOMACH
STOMACH PAIN
STOMACHACHE
TENDER
VOMITING

- TRIAGE -

Call EMS 911 Now

Shock suspected (e.g., cold/pale/clammy skin, too weak to stand)

R/O: shock. FIRST AID: Lie down with the feet elevated.
CA: 40, 22, 1

Difficult to awaken or acting confused (e.g., disoriented, slurred speech)

R/O: shock. FIRST AID: Lie down with the feet elevated.
CA: 40, 22, 1

Passed out

R/O: shock. FIRST AID: Lie down with the feet elevated.
CA: 40, 22, 1

Sounds like a life-threatening emergency to the triager
See More Appropriate Guideline

Chest pain

Go to Guideline: Chest Pain (Adult) first - then use Abdominal Pain guideline.

Pain is mainly in upper abdomen (if needed ask: "is it mainly above the belly button?")

Go to Guideline: Abdominal Pain - Upper (Adult)

Injury to abdomen

Go to Guideline: Trauma - Abdominal (Adult)

Go to ED Now

[1] SEVERE pain (e.g., excruciating) AND [2] present > 1 hour

R/O: appendicitis or other acute abdomen
CA: 41, 80, 83, 81, 1


Reason: higher risk of serious cause of abdominal pain
CA: 41, 80, 83, 81, 1


R/O: gastritis, peptic ulcer disease
CA: 41, 19, 16, 11, 81, 84, 1


R/O: gastritis, peptic ulcer disease
CA: 41, 19, 81, 1

Blood in bowel movements (EXCEPTION: Blood on surface of BM with constipation)

R/O: gastritis, peptic ulcer disease
CA: 41, 19, 81, 1

Black or tarry bowel movements (EXCEPTION: chronic-unchanged black bowel movements AND is taking iron pills or peptobismol)

R/O: gastritis, peptic ulcer disease
CA: 41, 19, 81, 1

[1] Unable to urinate (or only a few drops) > 4 hours AND
[2] bladder feels very full (e.g., palpable bladder or strong urge to urinate)

R/O: urinary retention
CA: 41, 81, 1

Go to ED Now (or PCP triage)

[1] Pain in the scrotum or testicle AND [2] present > 1 hour

R/O: testicular torsion, kidney stone
Patient sounds very sick or weak to the triager

See Physician within 4 Hours (or PCP triage)


*R/O: appendicitis or other acute abdomen

CA: 43, 84, 10, 89, 1


*R/O: intestinal obstruction

CA: 43, 84, 10, 89, 1

[1] Vomiting AND [2] contains bile (bright yellow or green) in last 2 hours

*R/O: intestinal obstruction

CA: 43, 84, 10, 89, 1

White of the eyes have turned yellow (i.e., jaundice)

*R/O: cholelithiasis, hepatitis

CA: 43, 10, 89, 1

Fever > 103 F (39.4 C)

CA: 43, 76, 10, 89, 1


CA: 43, 76, 10, 89, 1

[1] Fever > 101 F (38.3 C) AND [2] bedridden (e.g., nursing home patient, CVA, chronic illness, recovering from surgery)

CA: 43, 76, 82, 89, 1

[1] Fever > 100.5 F (38.1 C) AND [2] diabetes mellitus or immunocompromised (e.g., HIV positive, cancer chemo, splenectomy, organ transplant, chronic steroids)

CA: 43, 76, 10, 89, 1

Urgent Home Treatment with Follow-Up Call


CA: 61, 21, 2, 3, 14, 5, 6, 7, 9, 1

See Physician within 24 Hours

[1] MODERATE pain (e.g., interferes with normal activities) AND [2] pain comes and goes (cramps) AND [3] present > 24 hours  (EXCEPTION: pain with Vomiting or Diarrhea - see that Guideline)

CA: 44, 12, 13, 17, 18, 9, 1

[1] MILD pain (e.g., does not interfere with normal activities) AND [2] pain comes and goes (cramps) [3] present > 48 hours

CA: 44, 12, 13, 17, 18, 9, 1
Age > 60 years

    Reason: higher risk of serious cause of abdominal pain
    CA:   44,  2,  3,  9,  1

Blood in urine

    R/O: kidney stone, UTI, urinary retention
    CA:   44, 13, 89, 1

See PCP within 2 Weeks

Abdominal pain is a chronic symptom (recurrent or ongoing AND lasting > 4 weeks)

    R/O: irritable bowel syndrome
    CA:   46, 15, 2, 3, 14, 86, 8, 1

Home Care


    CA:   48, 20, 2, 3, 14, 5, 6, 7, 9, 1


    CA:   48, 4, 3, 14, 5, 17, 18, 6, 7, 8, 1
- CARE ADVICE (CA) -

1. CARE ADVICE given per Abdominal Pain, Male (Adult) guideline.

2. REST: Lie down and rest until feeling better.

3. FLUIDS: Take clear fluids only (e.g., water, flat soft drinks or half-strength Gatorade) until the pain is resolved for 2 hours. Then slowly return to a regular diet.

4. REASSURANCE:
   - It doesn't sound like a serious stomachache.
   - A stomachache can be from indigestion, gas pains or overeating. Sometimes a stomachache signals the onset of a vomiting or diarrhea illness from a viral gastroenteritis ("stomach flu").

5. PASS a BM: Sit on the toilet and try to pass a bowel movement (BM). This may relieve pain if it is due to constipation or impending diarrhea.

6. AVOID NSAIDS and ASPIRIN: Avoid any drug that can irritate the stomach lining and make the pain worse (especially aspirin and NSAIDs like ibuprofen).

7. EXPECTED COURSE: With harmless causes, the pain is usually better or resolved in 2 hours. With gastroenteritis ("stomach flu"), belly cramps may precede each bout of vomiting or diarrhea, and may last 2-3 days. With serious causes (such as appendicitis) the pain becomes constant and more severe.

8. CALL BACK IF:
   - Severe pain lasts > 1 hour
   - Constant pain lasts > 2 hours
   - Intermittent pain (e.g., comes and goes, cramps) lasts > 48 hours
   - You become worse.

9. CALL BACK IF:
   - Severe pain lasts > 1 hour
   - Constant pain lasts > 2 hours
   - You become worse.

10. REST: Lie down and rest until seen.

11. SAMPLE: Bring in a sample of anything that looks like blood. (Reason: for testing)

12. CRAMPS: Your cramps may be due to an intestinal virus or from something that you ate. During cramps, drink some water, then lie down and try to find a comfortable position.

13. DIET:
   - Drink adequate fluids. Eat a bland diet.
   - Avoid alcohol or caffeinated beverages
   - Avoid greasy or fatty foods.

14. DIET:
   - Slowly advance diet from clear liquids to a bland diet
   - Avoid alcohol or caffeinated beverages
   - Avoid greasy or fatty foods.
15. **REASSURANCE:** It doesn't sound like a serious stomachache, but recurrent abdominal pains deserve a complete medical checkup.

16. **CONTAINER:** You may wish to bring a bucket or container with you in case there is more vomiting during the drive.

17. **OTC MEDS - Bismuth Subsalicylate (e.g., PeptoBismol):**
   - Helps reduce abdominal cramping, diarrhea, and vomiting.
   - Adult dosage: two tablets or two tablespoons PO. Maximum of 8 doses in a 24 hour period.
   - Do not use for more than 2 days.

18. **CAUTION - Bismuth Subsalicylate (e.g., PeptoBismol):**
   - May cause a temporary darkening of stool and tongue.
   - Do not use if allergic to aspirin.
   - Read and follow the package instructions carefully.

19. **DRIVING:** Another adult should drive. Do not delay going to the Emergency Department. If immediate transportation is not available via car or taxi, then the patient should be instructed to call EMS-911.

20. **REASSURANCE:**
   - It doesn't sound like a serious stomachache. So far it has lasted less than 2 hours.
   - A stomachache can be from indigestion, gas pains or overeating. Sometimes a stomachache signals the onset of a vomiting or diarrhea illness from a viral gastroenteritis ("stomach flu").

21. **REASSURANCE:**
   - So far this severe pain has lasted less than 1 hour.
   - Pain that lasts just a short period of time is often not serious.
   - A stomachache can be from indigestion, gas pains or overeating. Sometimes a stomachache signals the onset of a vomiting or diarrhea illness from a viral gastroenteritis ("stomach flu").

22. **FIRST AID:** Lie down with the feet elevated (Reason: counteract shock)

40. **CALL EMS 911 NOW:** Immediate medical attention is needed. You need to hang up and call 911 (or an ambulance). (Triager Discretion: I'll call you back in a few minutes to be sure you were able to reach them.)

41. **GO TO ED NOW:** You need to be seen in the Emergency Department. Go to the ER at ___________ Hospital. Leave now. Drive carefully.

42. **GO TO ED NOW (or PCP triage):**
   - **IF NO PCP TRIAGE:** You need to be seen. Go to the ER/UCC at ___________ Hospital within the next hour. Leave as soon as you can.
   - **IF PCP TRIAGE REQUIRED:** You may need to be seen. Your doctor will want to talk with you to decide what's best. I'll page him now. If you haven't heard from the on-call doctor within 30 minutes, go directly to the ER/UCC at ___________ Hospital.
43. SEE PHYSICIAN WITHIN 4 HOURS (or PCP triage):
   - IF NO PCP TRIAGE: You need to be seen. Go to ______________ (ED/UCC or office if it will be open) within the next 3 or 4 hours. Go sooner if you become worse.
   - IF PCP TRIAGE REQUIRED: You may need to be seen. Your doctor will want to talk with you to decide what's best. I'll page the doctor now. If you haven't heard from the on-call doctor within 30 minutes, call again. (Note: If PCP can’t be reached, send to ED/UCC or office.)

44. SEE PHYSICIAN WITHIN 24 HOURS:
   - IF OFFICE WILL BE OPEN: You need to be examined within the next 24 hours. Call your doctor when the office opens, and make an appointment.
   - IF OFFICE WILL BE CLOSED AND NO PCP TRIAGE: You need to be examined within the next 24 hours. Go to _________ at your convenience.
   - IF OFFICE WILL BE CLOSED AND PCP TRIAGE REQUIRED: You may need to be seen within the next 24 hours. Your doctor will want to talk with you to decide what's best. I'll page the doctor now. (EXCEPTION: from 10 pm to 7 am. Since this isn’t serious, we'll hold the page until morning.)

45. SEE PCP WITHIN 3 DAYS: You need to be examined within 2 or 3 days. Call your doctor during regular office hours and make an appointment.

46. SEE PCP WITHIN 2 WEEKS: You need an evaluation for this ongoing problem within the next 2 weeks. Call your doctor during regular office hours and make an appointment.

47. INFORMATION OR ADVICE ONLY CALL.

48. HOME CARE: You should be able to treat this at home.

49. CALL PCP NOW: You need to discuss this with your doctor. I’ll page him now. If you haven’t heard from the on-call doctor within 30 minutes, call again.

50. CALL PCP WITHIN 24 HOURS: You need to discuss this with your doctor within the next 24 hours.
   - IF OFFICE WILL BE OPEN: Call the office when it opens tomorrow morning.
   - IF OFFICE WILL BE CLOSED: I'll page him now. (EXCEPTION: from 9 pm to 9 am. Since this isn't urgent, we'll hold the page until morning.)

51. CALL PCP WHEN OFFICE IS OPEN: You need to discuss this with your doctor within the next few days. Call him/her during regular office hours.

52. GO TO L&D NOW: You need to be seen. Go to the Labor and Delivery Unit or the Emergency Room at __________ Hospital. Leave now. Drive carefully.
61. URGENT HOME TREATMENT WITH FOLLOW-UP CALL

CALL CENTER PROVIDES RN CALL-BACKS:
- You should usually improve with the home treatment advice I give you
- I’ll call you back in 30-60 minutes to see how you are doing
- Call me back immediately if: you become worse before my follow-up call

CALL CENTER DOES NOT PROVIDE RN CALL-BACKS:
- I’ll explain how to treat your symptom
- After finishing the home treatment, call me back (in 30-60 minutes) and tell me how you are doing
- Go to the ED immediately without calling back if: you BECOME WORSE or DON’T IMPROVE with treatment

RN RESPONSE TO FOLLOW-UP CALL:
- Evaluate response to home treatment
- If unchanged or worse, refer to ED Now
- If improved or resolved, review remaining triage questions and give care advice.

76. FEVER MEDICINE:
- Fever above 101° F (38.3° C) should be treated with acetaminophen. This can be taken by mouth as pills or per rectum using a suppository. Both are available over the counter. Usual adult dose is 650 mg by mouth or per rectum every 6 hours.
- The goal of fever therapy is to bring the fever down to a comfortable level. Remember that fever medicine usually lowers fever 2-3° F (1-1.5° C).

80. DRIVING: Another adult should drive.

81. BRING MEDS: Be certain to bring your medications with you to the Emergency Department.

82. AMBULANCE TRANSPORT: Because of bedridden state, it is likely that the patient will need to be transported via ambulance and examined at the emergency department. Caretakers can arrange ambulance transport via private ambulance company or via EMS 911.

83. NPO: Do not eat or drink. (Reason: condition may need surgery and general anesthesia)

84. NPO: Do not eat or drink anything for now.

86. PAIN DIARY: Keep a pain diary. Include the date, time, place, what you were doing at the time, severity, duration, what helps, etc. (Reason: try to find some of the triggers.)

89. CALL BACK IF:
- You become worse.