Abdominal Pain - Male

Schmitt-Thompson Clinical Content

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 is it constant?"
   - If constant: "Is it getting better, staying the same, or worsening?"
   (Note: Constant means the pain never goes away completely; most serious pain is constant and it progresses)
   - If intermittent: "How long does it last?" "Do you have pain now?"
   (Note: Intermittent means the pain goes away completely between bouts)
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 stomach pain before?" If Yes, ask: "When was the last time?" and "What happened that time?"
8. CAUSE: "What do you think is causing the stomach 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?"

TRIAGE ASSESSMENT QUESTIONS

Call EMS 911 Now

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

R/O: shock. FIRST AID: Lie down with the feet elevated.

CA: 40, 1045, 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, 1045, 1

Passed out (i.e., lost consciousness, collapsed and was not responding)

R/O: shock. FIRST AID: Lie down with the feet elevated.

CA: 40, 1045, 1

Sounds like a life-threatening emergency to the triager

CA: 40, 1

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)

Followed an abdomen (stomach) injury

Go to Guideline: Abdominal Injury (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

[1] SEVERE pain AND [2] age > 60 years

Reason: higher risk of serious cause of abdominal pain

CA: 41, 80, 83, 81, 1

[1] Vomiting AND [2] contains red blood or black ("coffee ground") material
(Exception: few red streaks in vomit that only happened once)

R/O: gastritis, peptic ulcer disease, Mallory-Weiss tear

CA: 41, 19, 16, 1069, 81, 84, 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-grey bowel movements AND is taking iron pills or Pepto-bismol)

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

CA: 42, 81, 83, 1

Patient sounds very sick or weak to the triager

Reason: severe acute illness or serious complication suspected

CA: 42, 81, 80, 1

See HCP within 4 Hours (or PCP Triage)

[1] MILD-MODERATE pain AND [2] constant AND [3] present > 2 hours

R/O: appendicitis or other acute abdomen

CA: 43, 84, 10, 89, 1

[1] Vomiting AND [2] abdomen looks much more swollen than usual

R/O: intestinal obstruction

CA: 43, 84, 10, 89, 1

[1] Vomiting AND [2] contains bile (green color)

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

[1] Fever > 101 F (38.3 C) AND [2] age > 60 years

CA: 43, 76, 10, 89, 1

[1] Fever > 100.0 F (37.8 C) AND [2] bedridden (e.g., nursing home patient, CVA, chronic illness, recovering from surgery)

Reason: higher risk of bacterial infection

CA: 43, 76, 82, 89, 1

[1] Fever > 100.0 F (37.8 C) AND [2] diabetes mellitus or weak immune system (e.g., HIV positive, cancer chemo, splenectomy, organ transplant, chronic steroids)

CA: 43, 76, 10, 89, 1

Urgent Home Treatment with Follow-Up Call

[1] SEVERE pain AND [2] present < 1 hour

CA: 61, 21, 2, 1066, 14, 1063, 1067, 1060, 9, 1

See PCP 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 (Exception: this same abdominal pain is a chronic symptom recurrent or ongoing AND present > 4 weeks)

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

Age > 60 years

Reason: higher risk of serious cause of abdominal pain

CA: 44, 2, 1066, 9, 1

Blood in urine (red, pink, or tea-colored)

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 present > 4 weeks)

R/O: irritable bowel syndrome

CA: 46, 15, 2, 1066, 14, 1068, 8, 1

Home Care

[1] MILD-MODERATE pain AND [2] constant and [3] present < 2 hours

CA: 48, 20, 2, 1066, 14, 1063, 1067, 1060, 9, 1

[1] MILD-MODERATE pain AND [2] comes and goes (cramps)

CA: 48, 1064, 1066, 14, 1063, 17, 18, 1067, 1060, 8, 1

CARE ADVICE (CA) -

1. **Care Advice** given per Abdominal Pain, Male (Adult) guideline.

2. **Rest:**
   • Lie down.
   • Rest until you feel better.

8. **Call Back If:**
   • Severe pain lasts over 1 hour
   • Constant pain lasts over 2 hours
   • Intermittent pain (e.g., comes and goes, cramps) lasts over 48 hours
   • You become worse.

9. **Call Back If:**
   • Severe pain lasts over 1 hour
   • Constant pain lasts over 2 hours
   • You become worse.

10. **Rest:**
    • Lie down.
    • Rest until seen.

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 and Education - Get a Medical Checkup:**
    • It doesn't sound like a serious stomachache.
    • But, recurrent abdominal pains deserve a complete medical checkup.

16. **Bring a Bucket in Case of Vomiting:**
    • You may wish to bring a bucket, pan, or sack with you.
    • You may have more vomiting during the drive.

17. **OTC Meds - Bismuth Subsalicylate (e.g., Kaopectate, Pepto-Bismol):**
- Helps reduce abdominal cramping, diarrhea, and vomiting.
- Adult dosage: two tablets or two tablespoons (30 ml) PO. Maximum of 8 doses in a 24 hour period.
- Do not use for more than 2 days.

18. **Caution - Bismuth Subsalicylate (e.g., Kaopectate, Pepto-Bismol):**
- 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 and Education:**
- 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 and Education - Short Term Pain:**
- 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").

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 ED at _____ Hospital.
- Leave now. Drive carefully.

42. **Go to ED Now (or PCP Triage):**
- **If No PCP (Primary Care Provider) Second-Level Triage:** You need to be seen within the next hour. Go to the ED/UCC at _____ Hospital. Leave as soon as you can.
- **If PCP Second-Level Triage Required:** You may need to be seen. Your doctor (or NP/PA) will want to talk with you to decide what's best. I'll page the provider on-call now. If you haven't heard from the provider (or me) within 30 minutes, go directly to the ED/UCC at _____ Hospital.

43. **See HCP Within 4 Hours (or PCP Triage):**

• **If Office Will Be Open:** You need to be seen within the next 3 or 4 hours. Call your doctor (or NP/PA) now or as soon as the office opens.

• **If Office Will Be Closed and No PCP (Primary Care Provider) Second-Level Triage:** You need to be seen within the next 3 or 4 hours. A nearby Urgent Care Center (UCC) is often a good source of care. Another choice is to go to the ED. Go sooner if you become worse.

• **If Office Will Be Closed and PCP Second-Level Triage Required:** You may need to be seen. Your doctor (or NP/PA) will want to talk with you to decide what's best. I'll page the on-call provider now. If you haven't heard from the provider (or me) within 30 minutes, call again. **Note:** If on-call provider can't be reached, send to UCC or ED.

Note to Triager:

• Use nurse judgment to select the most appropriate source of care.

• Consider both the urgency of the patient's symptoms AND what resources may be needed to evaluate and manage the patient.

Sources of Care:

• **ED:** Patients who may need surgery or hospital admission need to be sent to an ED. So do most patients with serious symptoms or complex medical problems.

• **UCC:** Some UCCs can manage patients who are stable and have less serious symptoms (e.g., minor illnesses and injuries). The triager must know the UCC capabilities before sending a patient there. If unsure, call ahead.

• **OFFICE:** If patient sounds stable and not seriously ill, consult PCP (or follow your office policy) to see if patient can be seen NOW in office.

44. **See PCP Within 24 Hours:**

• **If Office Will Be Open:** You need to be examined within the next 24 hours. Call your doctor (or NP/PA) when the office opens and make an appointment.

• **If Office Will Be Closed:** You need to be seen within the next 24 hours. A clinic or an urgent care center is often a good source of care if your doctor's office is closed or you can't get an appointment.

• **If Patient Has No PCP:** Refer patient to a clinic or urgent care center. Also try to help caller find a PCP for future care.

Note to Triager:

• Use nurse judgment to select the most appropriate source of care.

• Consider both the urgency of the patient's symptoms AND what resources may be needed to evaluate and manage the patient.

45. **See PCP Within 3 Days:**

• You need to be seen within 2 or 3 days.

• **PCP Visit:** Call your doctor (or NP/PA) during regular office hours and make an appointment. A clinic or urgent care center are good places to go for care if your doctor's office is closed or you can't get an appointment. **Note:** If office will be open tomorrow, tell caller to call then, not in 3 days.

• **If Patient Has No PCP:** A clinic or urgent care center are good places to go for care if you do not have a primary care provider. **Note:** Try to help caller find a PCP for future care (e.g., use a physician referral line). Having a PCP or "medical home" means better long-term care.

46. **See PCP Within 2 Weeks:**
- You need to be seen for this ongoing problem within the next 2 weeks.
- **PCP Visit:** Call your doctor (or NP/PA) during regular office hours and make an appointment.
- **If Patient Has No PCP:** A primary care clinic is where you need to be seen for chronic health problems. **Note:** Try to help caller find a PCP (e.g., use a physician referral line). Having a PCP or "medical home" means better long-term care.

47. **Home Care - 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 (or NP/PA).
- I'll page the on-call provider now. If you haven't heard from the provider (or me) within 30 minutes, call again.

50. **Call PCP Within 24 Hours:**
- You need to discuss this with your doctor (or NP/PA) 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 the on-call provider 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 (or NP/PA) within the next few days.
- Call the office when it is open.

52. **Go To L&D Now:**
- You need to be seen.
- Go to the Labor and Delivery Unit or the Emergency Department at _____ Hospital.
- Leave now. Drive carefully.

61. **Urgent Home Treatment With Follow-Up Call:**

- Call-back instructions.

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.
- If you **become worse** or **don't improve**, then Go to the ED immediately without calling back.

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 - Acetaminophen:**

- Fever above 101° F (38.3° C) should be treated with acetaminophen (e.g., Tylenol). 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. **Another Adult Should Drive:**

- It is better and safer if another adult drives instead of you.

81. **Bring Medicines:**

- Please bring a list of your current medicines when you go to the Emergency Department (ER).
- It is also a good idea to bring the pill bottles too. This will help the doctor to make certain you are taking the right medicines and the right dose.

82. **Note to Triager - Ambulance Transport for Bedridden Patient:**

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

83. **Nothing by Mouth:**

- Do not eat or drink anything for now.
- *Reason:* condition may need surgery and general anesthesia.

84. **Nothing by Mouth:**

- Do not eat or drink anything for now.

89. **Call Back If:**

- You become worse.

1045. **First Aid - Lie Down for Shock:**
- Lie down with feet elevated.
- *Reason:* treatment for shock.

1060. **Expected Course - Abdominal Pain:**
- 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.
- With serious causes (such as appendicitis) the pain tends to become constant and severe.

1063. **Pass a Stool:**
- Sit on the toilet and try to pass a stool (have a bowel movement).
- This may relieve pain if it is due to constipation, gas, or impending diarrhea.

1064. **Reassurance and Education - Stomach Pain:**
- It doesn't sound like a serious stomachache.
- A mild stomachache can be from indigestion, stomach irritation, or overeating.
- Sometimes a stomachache signals the onset of a vomiting illness from a virus.
- *Here is some care advice that should help.*

1066. **Drink Clear Fluids:**
- Drink clear fluids only (e.g., water, flat soft drinks or half-strength Gatorade).
- Sip small amounts at a time, until you feel better and the pain is gone.
- Then slowly return to a regular diet.

1067. **Avoid Aspirin and NSAIDs:**
- Avoid taking aspirin and anti-inflammatory medicines (i.e., NSAIDS like ibuprofen/Motrin, naproxen/Aleve) unless you have been told to do so by healthcare provider.
- These drugs can irritate the stomach lining and make the pain worse.
- Acetaminophen (e.g., Tylenol) does not cause stomach irritation.

1068. **Pain Diary:**
- Keep a pain diary.
- Write down the date, time, place, what you were doing at the time, how bad it is, how long it lasts, what makes it better, etc.
- *Reason:* to try to find the cause or some of the triggers.

1069. **Bring a Sample:**
- Bring in a sample of anything that looks like blood.
- Use a plastic bag or container.
- *Reason:* the doctor may want to test it.

FIRST AID

FIRST AID Advice for Shock: Lie down with the feet elevated.

BACKGROUND INFORMATION

Key Points

• Abdominal pain is a very common symptom. Sometimes it may be a symptom of a benign gastrointestinal disorder like gas, overeating, 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
• Irritable Bowel Syndrome
• 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 gallbladder
• *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

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SEARCH WORDS

ABDOMEN
ABDOMEN PAIN
ABDOMINAL CRAMP
ABDOMINAL CRAMPS
ABDOMINAL PAIN
ABDOMINAL SWELLING
ABDOMINAL SWELLING OR MASS
ABDOMINAL WALL PAIN
BILIARY COLIC
BLADDER PAIN
BLOATING
COFFEE GROUND EMESIS
COLON PAIN
CONSTANT PAIN
CRAMP
CRAMPING PAIN
CRAMPS
DYSPEPSIA

EMESIS
EPIGASTRIC PAIN
FLANK PAIN
GALLBLADDER PAIN
GI PAIN
HOLDING ABDOMEN
INDIGESTION
INTESTINAL PAIN
INTESTINE
INTESTINES
LOWER ABDOMINAL PAIN
LOWER ABDOMINAL PAINS
PAIN
SEVERE PAIN
SPASM
SPASMS
STOMACH
STOMACH PAIN
STOMACHACHE
TENDER
VOMITING

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