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, abdomen 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?" (e.g., minutes, hours or days ago)
4. SUDDEN: "Gradual or sudden onset?"
5. PATTERN: "Does the pain come and go, or is it constant?"
   - If it comes and goes: "How long does it last?" "Do you have pain now?"
   (Note: Comes and goes means the pain is intermittent. It goes away completely between bouts.)
   - If constant: "Is it getting better, staying the same, or getting worse?"
   (Note: Constant means the pain never goes away completely; most serious pain is constant and gets worse.)
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, abdomen 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?" (e.g., gallstones, recent abdominal surgery)
9. RELIEVING/AGGRAVATING FACTORS: "What makes it better or worse?" (e.g., antacids, bending or twisting motion, bowel movement)
10. OTHER SYMPTOMS: "Do you have any other symptoms?" (e.g., back pain, diarrhea, fever, urination pain, vomiting)

TRIAGE ASSESSMENT QUESTIONS (TAQs)

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 (e.g., fainted, lost consciousness, blacked out 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 (Note: 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)

Abdomen bloating or swelling are main symptoms

Go to Guideline: Abdomen Bloating and Swelling (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 (tear in esophagus from hard vomiting)

CA: 41, 92, 1245, 1069, 81, 84, 1

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

R/O: gastritis, peptic ulcer disease

CA: 41, 92, 81, 1

Black or tarry bowel movements (Exceptions: Newly black-grey BMs from taking Pepto-Bismol/Kaopectate or unchanged black BMs from taking iron pills.)

R/O: gastritis, peptic ulcer disease, gastrointestinal bleeding. Note: Certain medicines (such as Kaopectate, Pepto-Bismol) and iron pills can give the stool a somewhat darker or grey-black color. These medicines should not turn the stool jet-black, tarry, sticky, or foul smelling (i.e., like melena).

CA: 41, 92, 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

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

R/O: testicular torsion, kidney stone

CA: 41, 81, 83, 1

Go to ED/UCC Now (or PCP Triage)

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

R/O: intestinal obstruction

CA: 42, 84, 1491, 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 (or PCP Triage) Within 4 Hours

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

R/O: appendicitis or other acute abdomen

CA: 43, 1491, 84, 89, 1

[1] MILD to MODERATE pain AND [2] constant AND [3] age > 60 years

R/O: appendicitis or other acute abdomen. Reason: Higher risk of serious cause of abdominal pain.

CA: 43, 1491, 84, 89, 1

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

R/O: intestinal obstruction

CA: 43, 84, 1491, 89, 1

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

R/O: cholelithiasis, hepatitis

CA: 43, 1491, 89, 1

Fever > 103° F (39.4° C)

CA: 43, 80, 1360, 1361, 1491, 89, 1

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

CA: 43, 1360, 1361, 1491, 89, 1

[1] Fever > 100° F (37.8° C) AND [2] bedridden (e.g., CVA, chronic illness, recovering from surgery)

Reason: Higher risk of bacterial infection.

CA: 43, 1360, 1361, 82, 89, 1

[1] Fever > 100° 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, 1360, 1361, 1491, 89, 1

Urgent Home Treatment With Follow-Up Call

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

CA: 61, 21, 1490, 1066, 1492, 1063, 1067, 1060, 1650, 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, 1635, 1493, 1630, 1633, 1650, 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, 1635, 1493, 1630, 1633, 1650, 1

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

R/O: kidney stone, UTI, urinary retention

CA: 44, 1493, 1652, 1

See PCP Within 3 Days

[1] Few streaks of blood in vomit AND [2] occurred one time

Reason: Probably lower esophageal or pharyngeal irritation from vomiting.

CA: 45, 2661, 2662, 1066, 1803, 14, 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, 1565, 1490, 1066, 1492, 1068, 1651, 1

Blood on surface of bowel movement with constipation

CA: 46, 1199, 1318, 1161, 13, 1

Home Care

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

CA: 48, 20, 1490, 1066, 1492, 1063, 1067, 1060, 1650, 1

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

CA: 48, 1064, 1066, 1492, 1063, 1630, 1633, 1067, 1060, 1651, 1

CARE ADVICE (CA)

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

13. **Call Back If:**
- Severe pain lasts over 1 hour
- Constant pain lasts over 2 hours
- Intermittent pain (comes and goes, cramps) lasts over 48 hours
- Increased rectal bleeding
- No bowel movement for over 4 days
- You become worse

14. **Call Back If:**
- Severe pain lasts over 1 hour
- Constant pain lasts over 2 hours
- Vomiting or intermittent pain (comes and goes, cramps) lasts over 48 hours
- Vomiting blood happens again
- Signs of dehydration occur (such as no urine over 12 hours, very dry mouth, lightheaded)
- You become worse

20. **Reassurance and Education - Mild Stomachache:**
- 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").
- *Here is some care advice that should help.*

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").
- *Here is some care advice that should help.*

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/UCC 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. **Caution:** See Sources of Care below when considering where to send the patient.
- **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.

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.
- Do not send these patients to Retail Clinics. Retail Clinics have limited services and are not able to manage these patients.

Sources of Care:

- **ED:** Patients who may need surgery, need hospitalization, sound seriously ill or may be unstable need to be sent to an ED. Likewise, so do most patients with complex medical problems and serious symptoms.
- **UCC Is Open:** Some Urgent Care Centers (UCCs) can manage patients who are stable and have less serious symptoms or minor injuries. The triager must know the UCC capabilities before sending a patient there. If unsure, call ahead.
- **Office Is Open:** 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.

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

• **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.

80. **Another Adult Should Drive:**
- It is better and safer if another adult drives instead of you.

81. **Bring Medicines:**
- Bring a list of your current medicines when you go to the Emergency Department (ER).
- Bring the pill bottles too. This will help the doctor (or NP/PA) 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

92. **Note to Triager - Driving:**
- Another adult should drive.
- Patient should not delay going to the emergency department.
- If immediate transportation is not available via car, rideshare (e.g., Lyft, Uber), or taxi, then the patient should be instructed to call EMS-911.

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

1060. **Expected Course - Abdomen Pain:**
- With harmless causes, the pain is usually better or goes away within 2 hours.
- With viral gastroenteritis ("stomach flu"), belly cramps may occur before each bout of vomiting or diarrhea and may last 2 to 3 days.
- With serious causes (such as appendicitis) the pain becomes constant and more 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 (such as 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 (such as NSAIDS like ibuprofen/Motrin, naproxen/Aleve) unless you have been told to do so by a doctor (or NP/PA).
- These drugs can irritate the stomach lining and make the pain worse.
- Acetaminophen (such as 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:* 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.

1161. **Drink Adequate Liquids:**

- *Adequate liquid intake is important to keep your bowel movements soft.*
- Drink 6 to 8 cups (1,500 to 2,000 ml) of water each day.
- *Caution:* Certain medical conditions require fluid restriction.
- Prune juice is a natural laxative.
- Avoid alcohol.

1199. **General Constipation Instructions:**

- Eat a high fiber diet.
- Drink enough liquids.
- Exercise regularly. Even a daily 15 minute walk will do!
- Get into a rhythm. Try to have a bowel movement (BM) at the same time each day.
- Don't ignore your body's signals regarding having a BM.
- Avoid enemas and stimulant laxatives.

1245. **Bring a Bucket in Case of Vomiting:**

- You may wish to bring a bucket, pan, or plastic bag with you in case there is more vomiting during the drive.

1318. **High Fiber Diet:**

- A high fiber diet will help improve your intestinal function and soften your bowel movements. The fiber works by holding more water in your stools.
- Try to eat fruit and vegetables at each meal (peas, prunes, citrus, apples, beans, corn).
- Eat more whole-grain foods. Examples are bran flakes, bran muffins, graham crackers, oatmeal, brown rice, and whole wheat bread.

1360. **Fever Medicine - Acetaminophen:**

- Fever above 101° F (38.3° C) should be treated with acetaminophen (such as Tylenol).
- It is an over-the-counter (OTC) drug that helps treat both fever and pain. You can buy it at the drugstore.
- The goal of fever therapy is to bring the fever down to a comfortable level. Remember that fever medicine usually lowers fever 2 to 3° F (1 to 1.5° C).
- **Acetaminophen - Regular Strength Tylenol:** Take 650 mg (two 325 mg pills) by mouth every 4 to 6 hours as needed. Each Regular Strength Tylenol pill has 325 mg of acetaminophen. The most you should take is 10 pills a day (3,250 mg total). *Note:* In Canada, the maximum is 12 pills a day (3,900 mg total).
- **Acetaminophen - Extra Strength Tylenol:** Take 1,000 mg (two 500 mg pills) every 6 to 8 hours as needed. Each Extra Strength Tylenol pill has 500 mg of acetaminophen. The most you should take is 6 pills a day (3,000 mg total). *Note:* In Canada, the maximum is 8 pills a day (4,000 mg total).
- Use the lowest amount of medicine that makes your fever better.

1361. **Fever Medicine - Acetaminophen - Extra Notes and Warnings:**
- Follow these dosing instructions unless your doctor (or NP/PA) has told you to take a different dose.
- Acetaminophen is in many OTC and prescription medicines. It might be in more than one medicine that you are taking. You need to be careful and not take an overdose. An acetaminophen overdose can hurt the liver.
- **Caution:** Do not take acetaminophen if you have liver disease.
- *Before taking any medicine, read all the instructions on the package.*

1490. **Rest:**
- Lie down.
- Rest until you feel better.

1491. **Rest:**
- Lie down.
- Rest until you are seen.

1492. **Diet:**
- Slowly advance diet from clear liquids to a bland diet.
- Avoid alcohol or caffeinated beverages.
- Avoid greasy or fatty foods.

1493. **Diet:**
- Drink adequate fluids. Eat a bland diet.
- Avoid alcohol or caffeinated beverages.
- Avoid greasy or fatty foods.

1565. **Reassurance and Education - Chronic Stomach Pains Lasting More Than 4 Weeks:**
- You should see your doctor (or NP/PA) if you are having long-term problems with stomach pains. Get a check-up.
- *Here is some care advice that should help.*

1630. **Bismuth Subsalicylate (Such as Pepto-Bismol):**
- This medicine can help reduce diarrhea, vomiting, and abdomen cramping. It is available over-the-counter (OTC) in a drugstore.
- *Adult dosage:* Take two tablets or two tablespoons by mouth every hour (if diarrhea continues) to a maximum of 8 doses in a 24 hour period.
- Do not use for more than 2 days.

1633. **Bismuth Subsalicylate - Extra Notes and Warnings:**

- May cause a temporary darkening of stool and tongue.
- Do not use if allergic to aspirin.
- Do not use in pregnancy.
- Talk to your doctor (or NP/PA) before taking bismuth subsalicylate if you take a blood thinner, have bleeding problems, gout, or kidney disease.
- Bismuth subsalicylate is available in other over-the-counter medicines (such as Kaopectate). Be certain to follow the dosing instructions on the package as it varies by brand.
- *Before taking any medicine, read all the instructions on the package.*

1635. **Stomach Cramps:**

- Your stomach cramps may be due to an intestinal virus or from something that you ate.
- When you have cramps, drink some water, then lie down and try to find a comfortable position.

1650. **Call Back If:**

- Severe pain lasts over 1 hour
- Constant pain lasts over 2 hours
- You become worse

1651. **Call Back If:**

- Severe pain lasts over 1 hour
- Constant pain lasts over 2 hours
- Moderate pains come and go for more than 24 hours
- Mild pains come and go for more than 48 hours
- You become worse

1652. **Call Back If:**

- Severe pain lasts over 1 hour
- Constant pain lasts over 2 hours
- Fever occurs
- You become worse

1803. **Avoid Non-Essential Medicines:**

- Stop all vitamins and non-prescription medicines for 24 hours. *Reason:* May make vomiting worse.
- Avoid NSAIDs, such as ibuprofen (Advil or Motrin) or naproxen (Aleve). This type of medicine can cause stomach irritation (gastritis).
- Call if vomiting a prescription medicine.

2661. **Reassurance and Education - Blood Streaks in Vomit:**

- Hard vomiting can cause a small tear in the lining of the lower esophagus. That should heal in less than a day.
- Our main goal is to bring the vomiting under control.
- *Here is some care advice that should help*.

2662. **Retching:**
- For ongoing vomiting (retching), rest the stomach fully for 2 hours.
- After 2 hours, start with small amounts of clear fluids.

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. Rarely people may have upper abdominal pain as the sole symptom of a heart attack.
- Pain in older adults (e.g., over 60 years) carries with it a higher risk of serious illness. In one study of older patients presenting to an E.D. with abdominal pain, 40% had surgical illness.

Causes

Top causes in men **under 50 years of age** are:

- Appendicitis
- Gallbladder disease
- Irritable Bowel Syndrome
- Nonspecific abdominal pain
- Peptic ulcer disease

Top causes in men **over 50 years of age** are:

- Appendicitis
- Bowel obstruction
- Diverticulitis
- Gallbladder disease
- Pancreatitis
- Peptic ulcer disease

How Does the Location of the Pain Help Predict the Cause?

- *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

Expert Reviewer

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• The Author and Editorial Team are extremely grateful for this subject matter expertise and critical review.

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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
GASTROINTESTINAL PAIN
GI PAIN
GI SYMPTOM
GI SYMPTOMS
HOLDING ABDOMEN
INDIGESTION
INTESTINAL PAIN
INTESTINE
INTESTINES
JAUNDICE
LOWER ABDOMINAL PAIN
LOWER ABDOMINAL PAINS
PAIN
PEPTIC ULCER
SCLERA
SEVERE PAIN
SPASM
SPASMS
STOMACH
STOMACH PAIN
STOMACHACHE
TENDER
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VOMITING
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Author: David A. Thompson, MD, FACEP

Company: Schmitt-Thompson Clinical Content
Content Set: After Hours Telehealth Triage Guidelines | Adult
Version Year: 2026
Last Revised: 12/19/2025
Last Reviewed: 2/23/2026