




	<p>Royal Perth Hospital Nurse Practitioner – Emergency Services <b>CLINICAL PRACTICE PROTOCOL</b> <b>ABDOMINAL PAIN</b></p>	
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<b>Scope</b>		<b>Outcomes</b>
<b>Nurse Practitioner</b>	Abdominal pain symptoms in adult patients	Identify patients suitable for ED NP CPG
<b>Medical Practitioner +/- Nurse Practitioner</b>	Underlying medical pathology / complex patient Altered conscious state including effects of drugs/ ETOH History consistent with collapse or trauma High risk abdominal pain – see High Risk Diagnosis	Identify patients not suitable for ED NP CPG and redirect to usual ED care +/- ED NP in team.
<b>Initial assessment and Interventions</b>		<b>Outcomes</b>
<b>Primary Survey</b>	<ul style="list-style-type: none"> <li>● Airway</li> <li>● Breathing</li> <li>● Circulation</li> </ul>	Abnormal primary survey identified → exit CPG
<b>History</b>	<ul style="list-style-type: none"> <li>● Time of onset of symptoms- duration, nature</li> <li>● PQRST pain assessment</li> <li>● Ability to function/perform ADL's</li> <li>● Identify risk factors</li> <li>● Allergies / Immunisation status</li> <li>● Relevant past medical history / medication use</li> <li>● Last food/fluids</li> <li>● Prehospital care including GPcare, complimentary therapies and pharmacological agents</li> <li>● Compensable status – MVIT / WC / DVA / Private Insurance</li> </ul>	Identify patients not suitable for ED NP CPG → exit CPG
<b>Focused clinical assessment</b>	<ul style="list-style-type: none"> <li>● Chest assessment</li> <li>● Abdominal assessment- inspect for visible signs of peristalsis and distension, palpate for local tenderness, guarding, rebound and masses, percuss for free gas and listen for increased or absent bowel sounds</li> <li>● Rectal examination</li> <li>● Consider vaginal examination and external genitalia examination</li> <li>● Hemodynamic assessment</li> <li>● Temperature</li> <li>● Keep fasted until diagnosis determined</li> </ul>	Determine problem Identify patients for alternative CPG If patient is hypotensive, shocked, rigid abdomen or looks critically unwell discuss immediately with Senior Doctor
<b>Pain Assessment</b>	Pain scale <sup>2</sup>	Determine need for and type of analgesia
<b>Analgesia / First Aid Management</b>	Administration of analgesia	Reduction / relief of pain. Minimise or prevention of complications

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Working diagnosis and Investigations		Outcomes
<b>Imaging</b>	<ul style="list-style-type: none"> <li>Erect CXR</li> <li>Erect and supine abdomen films only if obstruction suspected</li> <li>Abdomen ultrasound? Age &gt;55 years of age, or female of child bearing age can be performed in ED by appropriate qualified staff</li> <li>CT scan if indicated</li> </ul>	
<b>Pathology</b>	<ul style="list-style-type: none"> <li>Consider necessity for IV access and insert cannulae if required</li> <li>FBE, U &amp;E, LFT's, BSL, Lipase. If possibility of referred cardiac or pulmonary pain -Troponin</li> <li>FWT of urine and if abnormal results MC&amp;S</li> <li>BHCG urine or blood in female patients of child bearing age unless effective contraception</li> <li>Test stool for occult blood</li> </ul>	Detect underlying pathology Identify degree of systemic involvement If patient is pregnant consider high risk and discuss with Senior Doctor
Interpretation of results (diagnostic features) and management decisions		Outcomes
<b>Pathology and Clinical features</b>		All cases to be discussed with the EP
<b>LOW RISK DIAGNOSIS</b> When potentially serious causes have been ruled out  Generalised abdominal pain relieved with simple analgesia. Stable hemodynamics	ED NP R/V with view to discharge <ul style="list-style-type: none"> <li>Pt education /health promotion</li> <li>Medication prescribed as per formulary</li> <li>Follow up appointment with GP</li> </ul>	Ensure patient understands problem, treatment, and follow up and is safe for discharge home.
<b>INTERMEDIATE RISK DIAGNOSIS</b>  Non-specific abdominal pain where potentially serious causes have been ruled out with ongoing pain.  Specific diagnosis achieved with does not require inpatient unit management. Complex past medical conditions.	ED NP R/V in consultation with Senior Doctor with view for admission under appropriate team or discharge <ul style="list-style-type: none"> <li>Pt education /health promotion</li> <li>Analgesia as per Analgesia CPG</li> <li>Follow up appointment with GP</li> </ul>	Ensure patient understands problem, treatment, follow up and is safe for discharge home

<p><b>HIGH RISK DIAGNOSIS</b></p> <ul style="list-style-type: none"> <li>Abnormal hemodynamics</li> <li>&gt;55 years of age</li> <li>Presence of AF</li> <li>Re presentation with abdo pain</li> <li>Pregnancy related</li> <li>Immunocompromised</li> <li>Cystic fibrosis</li> <li>On going pain not relieved by analgesia</li> <li>Rigid abdomen</li> <li>Post procedure pain</li> <li>Requiring inpatient unit management</li> <li>Suspected AAA</li> <li>Ischaemic Heart Disease</li> </ul>	<p>ED NP R/V in consultation with Senior Doctor and inpatient team</p> <ul style="list-style-type: none"> <li>Pt education /health promotion</li> <li>Medication prescribed as per formulary in consultation with Senior Doctor</li> </ul>	<p>Refer to Senior Doctor</p>
<p><b>Non GIT</b></p>	<p>ED NP R/V with view for discharge</p> <ul style="list-style-type: none"> <li>Pt education /health promotion</li> <li>Medication prescribed as per formulary</li> <li>Follow up appointment with GP</li> </ul>	<p>Ensure patient understands problem, treatment, follow up and is safe for discharge home</p>
<p><b>Associated Care</b></p>	<ul style="list-style-type: none"> <li>Consider IV fluids if patient has decreased hydration status or in need of antibiotic therapy</li> <li>ECG for all patients</li> </ul>	
<p><b>Acute Referral</b></p>	<p>Referral to</p> <ul style="list-style-type: none"> <li>Physiotherapist</li> <li>Care Co-ordinator</li> <li>Interpreter</li> <li>Allied health</li> <li>Diabetic educator</li> <li>Drug and ETOH counsellor etc.</li> </ul>	

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Patient Discharge Education		Outcomes
<b>When to return instructions</b>	<ul style="list-style-type: none"> <li>Persistent Fever - LMO</li> <li>Symptoms persist for greater than 2-3 days - LMO</li> <li>Patient information sheet</li> <li>Return to ED if unanticipated deterioration</li> </ul>	Patient understands treatment and follows up and is discharged safely.
<b>Follow-up Appointments</b>	<ul style="list-style-type: none"> <li>Verbal instructions from ED NP</li> <li>Written instructions for outpatient clinic or LMO R/V (if applicable)</li> </ul>	
<b>Other Referrals</b>	<ul style="list-style-type: none"> <li>Referrals may be made for specific patient problems or as required to <ul style="list-style-type: none"> <li>Care coordination</li> <li>Social work</li> <li>Physiotherapy</li> <li>Drug and alcohol counsellor</li> <li>Aboriginal liaison officer</li> </ul> </li> </ul>	
<b>Medication Instructions</b>	<ul style="list-style-type: none"> <li>Verbal instructions from ED NP</li> <li>Contact ED Pharmacist to provide medication education for patient when available.</li> </ul>	
<b>Letters</b>	<ul style="list-style-type: none"> <li>Local medical officer letter</li> </ul>	
<b>Certificates</b>	<ul style="list-style-type: none"> <li>Absence from work certificate</li> <li>Certificate of attendance</li> </ul>	
Medication		Outcomes
<b>Analgesia</b>	See separate Analgesia Clinical Protocol	<p>Patients given analgesia appropriate to allergies, current medications and past medical history Analgesia requirements determined by ongoing assessment of pain and adequate analgesia</p> <p>Patients with excessive pain or pain unrelieved by analgesia need review by EP</p>
<b>Intravenous fluids</b>	<b>0.9% Sodium Chloride Intravenous fluid:</b> 5-10ml flush of Intravenous cannulae 6/24 or Infusion at 8-12hrly titrated to patients requirements	
<b>Antibiotics<sup>5</sup></b>	Dependant on diagnosis refers to Therapeutic Antibiotic Guidelines within scope of RPH hospital formulary. If recommendation outside scope of formulary including the use of restricted antimicrobials (see restricted drugs list on Servio On line),refer to ED Consultant	Antibiotics prescribed according to the Therapeutic Guidelines Antibiotic Version 13 2006
Clinical audit evaluation strategies		
<b>Unexpected representation</b>	Emergency Department attendance register and ED NP clinical log	

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<b>Missed problem</b>	Emergency Department X-ray review	
<b>Process</b>	ED NP clinical audit	
<b>Pain management</b>	Time to analgesia analysis and PS	
<b>Patient Satisfaction</b>	Patient satisfaction survey analysis	

**References**

1. National Institute of Clinical Studies (2004). Pain scale adaptation. Institutional Approaches to Pain Assessment and Management and National Emergency Department Report, April 2004
2. The Royal College of Pathologists Australia, RCPA Manual, 2004, [www.rcpamanual.edu.au](http://www.rcpamanual.edu.au).
3. Therapeutic Guidelines Antibiotics, 13ED, 2006, Melbourne: Therapeutic Guideline Limited.
4. Author unknown, The Alfred Hospital Drug Storage policy (2004) [www.alfred.org.au](http://www.alfred.org.au).
5. Department of Anaesthesia and pain Management Manual 2003, Emergency and Trauma Centre Analgesia Guidelines, [www.alfred.org.au](http://www.alfred.org.au)

**Author(s) & Endorsement**

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<p><b>Key to terms</b></p>	<p><b>Appendices</b></p>
<p><b>ED NPC-</b> Emergency Department Nurse Practitioner Candidate <b>EP-</b> Emergency Physician <b>PS-</b> Pain Score <b>S1-S4-</b> Schedule of the drug administration act <b>LMO-</b> Local Medical Officer <b>OP-</b> Outpatients <b>CPG-</b> Clinical Practice Guideline <b>WC-</b> Work cover <b>MVIT-</b> Motor Vehicle Insurance Trust <b>DVA-</b> Department of Veteran Affairs</p>	<p>Pain scale</p>
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