UNIT TERMINAL OBJECTIVE

5-7 At the completion of this unit, the EMT-Intermediate student will be able to utilize the assessment findings to formulate a field impression and implement the treatment plan for the patient with non-traumatic abdominal pain.

COGNITIVE OBJECTIVE

At the conclusion of this unit, the EMT-Intermediate student will be able to:

- 5-7.1 Discuss the pathophysiology of non-traumatic abdominal emergencies. (C-1)
- 5-7.2 Discuss the signs and symptoms of non-traumatic acute abdominal pain. (C-1)
- 5-7.3 Describe the technique for performing a comprehensive physical examination on a patient with non-traumatic abdominal pain. (C-1)
- 5-7.4 Describe the management of the patient with non-traumatic abdominal pain. C-1)

AFFECTIVE OBJECTIVES

None identified for this unit.

PSYCHOMOTOR OBJECTIVES

None identified for this unit.

DECLARATIVE

- Introduction Ι.
 - Define acute abdomen Α.
 - Review anatomy and physiology В.
- II. General pathophysiology, assessment, and management
 - Pathophysiology of abdominal pain Α.
 - 1. **Bacterial contamination**
 - 2. Chemical irritation
 - 3. Peritoneal inflammation
 - 4. Bleeding
 - Obstruction 5.
 - 6. Review causes of abdominal pain
 - **Appendicitis**
 - h. **Pancreatitis**
 - Gallbladder C.
 - Ulcer d.
 - e. Obstruction
 - Cholecystitis f.
 - Acute and chronic renal failure g.
 - h. Urinary stones
 - Urinary tract infection
 - Assessment findings B.
 - Initial assessment 1.
 - a. Airway
 - h. Breathing
 - Circulation C.
 - d. Disability
 - e. Chief complaint
 - 2. History
 - Onset a.
 - Provoking factors b.
 - Quality C.
 - Region/ radiation d.
 - Severity e.
 - Time f.
 - Previous history of same event g.
 - Nausea/ vomiting h.
 - Excessive (1)
 - (2) Blood
 - i. Change in bowel habits/ stool
 - (1) Constipation
 - (2)Diarrhea
 - (3) Dark tarry stool
 - Urination j.
 - (1) Pain
 - (2) Frequency
 - (3)Discoloration
 - (4) Odor
 - k. Weight loss

- Last meal
- m. Chest pain/ gas pain
- 3. Focused physical examination
 - a. Apparent state of health
 - b. Skin
 - c. Vital signs
 - (1) Tachycardia
 - (2) Hypotension
 - d. Fever
 - e. Inspect abdomen
 - (1) Distension
 - (2) Scars
 - (3) Discoloration
 - f. Palpate abdomen
 - (1) Rigidity
 - (2) Guarding
 - (3) Location of pain
 - (4) Pulsating mass
 - g. Check distal pulses bilaterally
 - (1) Present
 - (2) Equal
- C. Management/ treatment plan
 - 1. Airway and ventilatory support
 - a. Maintain an open airway
 - b. High flow oxygen
 - 2. Circulatory support
 - a. Electrocardiogram
 - b. Monitor blood pressure
 - c. Consider MAST
 - 3. Venous access
 - Consider fluid resuscitation
 - b. Avoid interventions which can mask signs and symptoms (pain medications)
 - 4. Transport considerations
 - a. Persistent pain for greater than six hours requires transport
 - b. Gentle but rapid transport
 - 5. Psychological support/ communications strategies
 - a. Actions reflect a calm, caring, competent attitude
 - b. Keep patient and significant others informed of your actions