



ACUTE PAIN ABDOMEN PATHWAY



<p><u>HISTORY:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Trauma? Bleeding? <input type="checkbox"/> Change in bowel habits? <input type="checkbox"/> Dysuria/urinary frequency? <input type="checkbox"/> Nausea / Vomiting? <input type="checkbox"/> Nature of pain? <input type="checkbox"/> Fever with/without chills <input type="checkbox"/> H/o alcohol intake 	<p><u>EXAMINATION:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Temp; capillary refill, HR; BP <input type="checkbox"/> Hydration status? <input type="checkbox"/> Anemia? Jaundice? <input type="checkbox"/> Guarding? Rebound tenderness? <hr/> <p><u>PAST MEDICAL HISTORY:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> If female, history of gynecological problems? <input type="checkbox"/> Any known chronic medical conditions? <input type="checkbox"/> Recent abdominal surgery? <input type="checkbox"/> Previous hospital admissions?
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CO-MORBIDS	<input type="checkbox"/> Hypertension	<input type="checkbox"/> COPD	<input type="checkbox"/> Immunocompromised	<input type="checkbox"/> Post-Transplant
	<input type="checkbox"/> Type 2 Diabetes Mellitus	<input type="checkbox"/> CLD	<input type="checkbox"/> Malignancy / Chemo Tx	<input type="checkbox"/> Alcoholic
	<input type="checkbox"/> CAD	<input type="checkbox"/> CKD	<input type="checkbox"/> Steroids / Immuno suppressant drugs	<input type="checkbox"/> Smoker

<p><u>TABLE 1:</u></p> <p><u>LABORATORY INVESTIGATIONS</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> COMPLETE BLOOD COUNT (CBC) WITH DIFFERENTIAL <input type="checkbox"/> RENAL FUNCTION TESTS <input type="checkbox"/> SERUM ELECTROLYTES <input type="checkbox"/> LIVER FUNCTION TESTS (LFTS) <input type="checkbox"/> SERUM AMYLASE AND LIPASE <input type="checkbox"/> COAGULATION STUDIES <input type="checkbox"/> ARTERIAL BLOOD GAS ANALYSIS <input type="checkbox"/> ECG, TROP I 	<p><u>BEDSIDE SCREENING:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> FAST SCAN <p><u>IMAGING STUDIES:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> ABDOMINAL X-RAY <input type="checkbox"/> ULTRASOUND ABDOMEN & PELVIS <input type="checkbox"/> CT SCAN OF THE ABDOMEN & PELVIS
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FLOWCHART 1

ACUTE PAIN ABDOMEN

ABC ASSESSMENT

UNSTBLE
HEMODYNAMICS

YES

- TEMP >38.3°C, or <36°C
- HEART RATE >90bpm
- BLOOD PRESSURE: SBP <90mmHg or MAP < 65mmHg
- RESPIRATORY RATE >22-24cpm
- O2 SATURATION < 90% ON RA
- ALTERED MENTAL STATUS
- DECREASED URINE OUTPUT
- ABG LACTATES >2mmol/L

- SECURE 2 LARGE BORE IV CANNULA
- INITIAL RESUSCITATION WITH IV FLUIDS AND BLOOD PRODUCTS, IF HAEMORRHAGE IS SUSPECTED
- PERFORM BEDSIDE FAST SCAN
- OBTAIN INDICATED LAB INVESTIGATIONS AS IN **TABLE 1**
- OBTAIN IMMEDIATE SURGICAL INTERVENTION, WHILE RESUSCITATION IS ONGOING

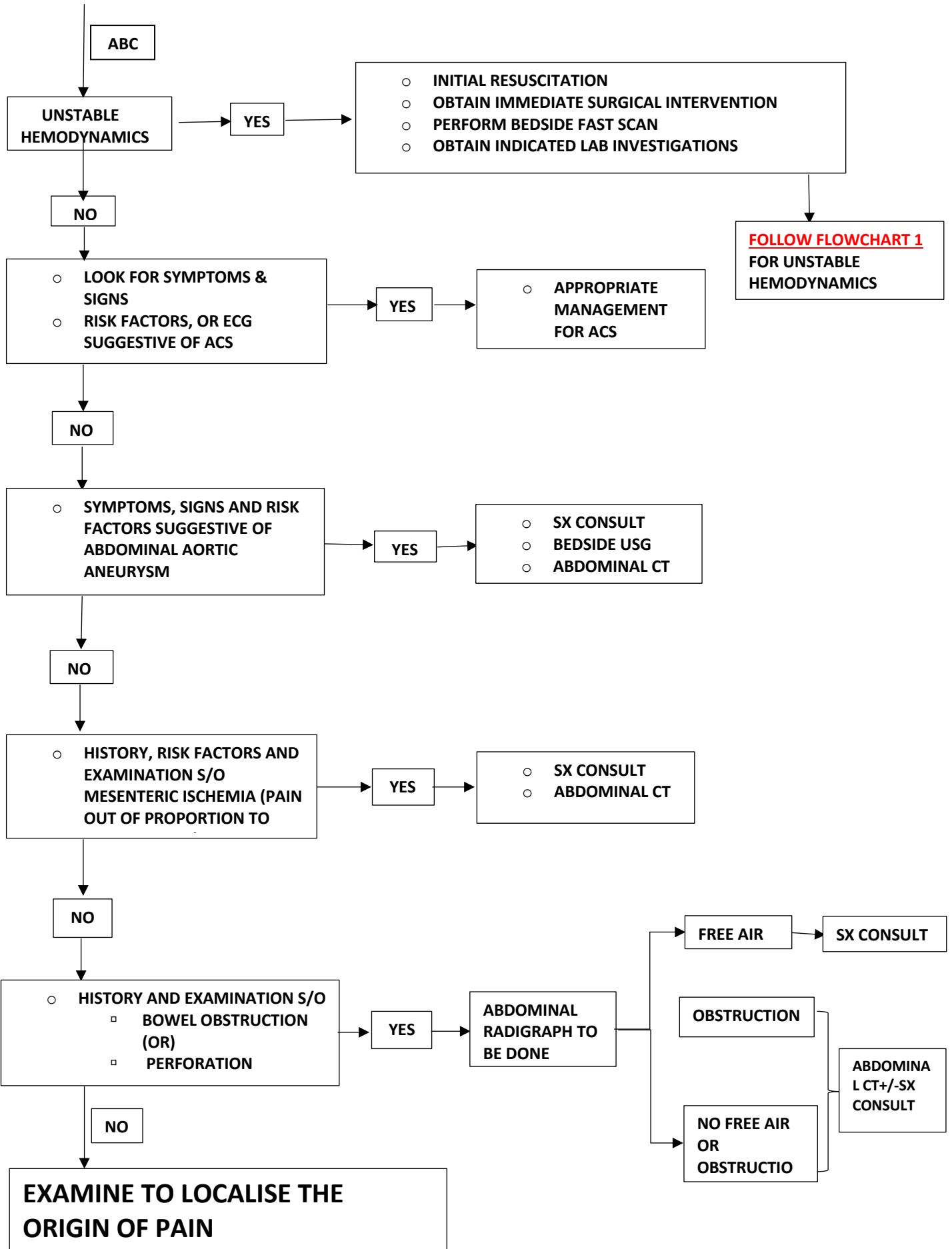
- ICU ADMISSION
- CLOSE MONITORING OF VITALS

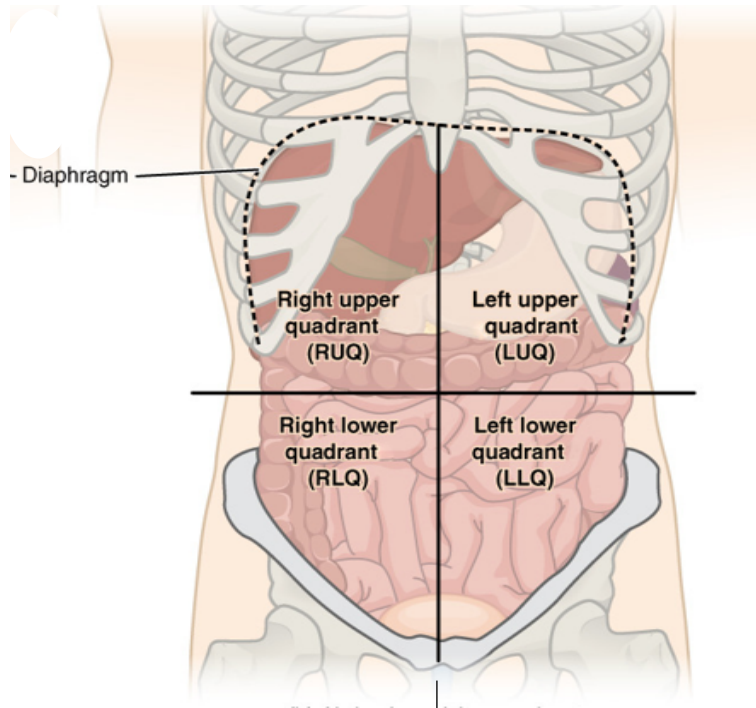
POSSIBLE DD's

- BLUNT INJURY ABDOMEN
- RUPTURED AAA
- MESENTERIC ISCHEMIA
- VOLVULUS
- PERFORATION OF GI TRACT
- RUPTURED APPENDIX
- IN FEMALES, RUPTURED ECTOPIC PREGNANCY

FLOWCHART 2

ACUTE PAIN ABDOMEN





WHERE IS PAIN LOCALISED?

EVALUATE

POSSIBLE DD's

- EPIGASTRIC (or)
- RIGHT UPPER QUADRANT PAIN

YES

- RUQ USG
- May obtain LFT's, lipase, ECG, CXR, and other imaging tests based on history and examination

NO

- RIGHT LOWER QUADRANT PAIN

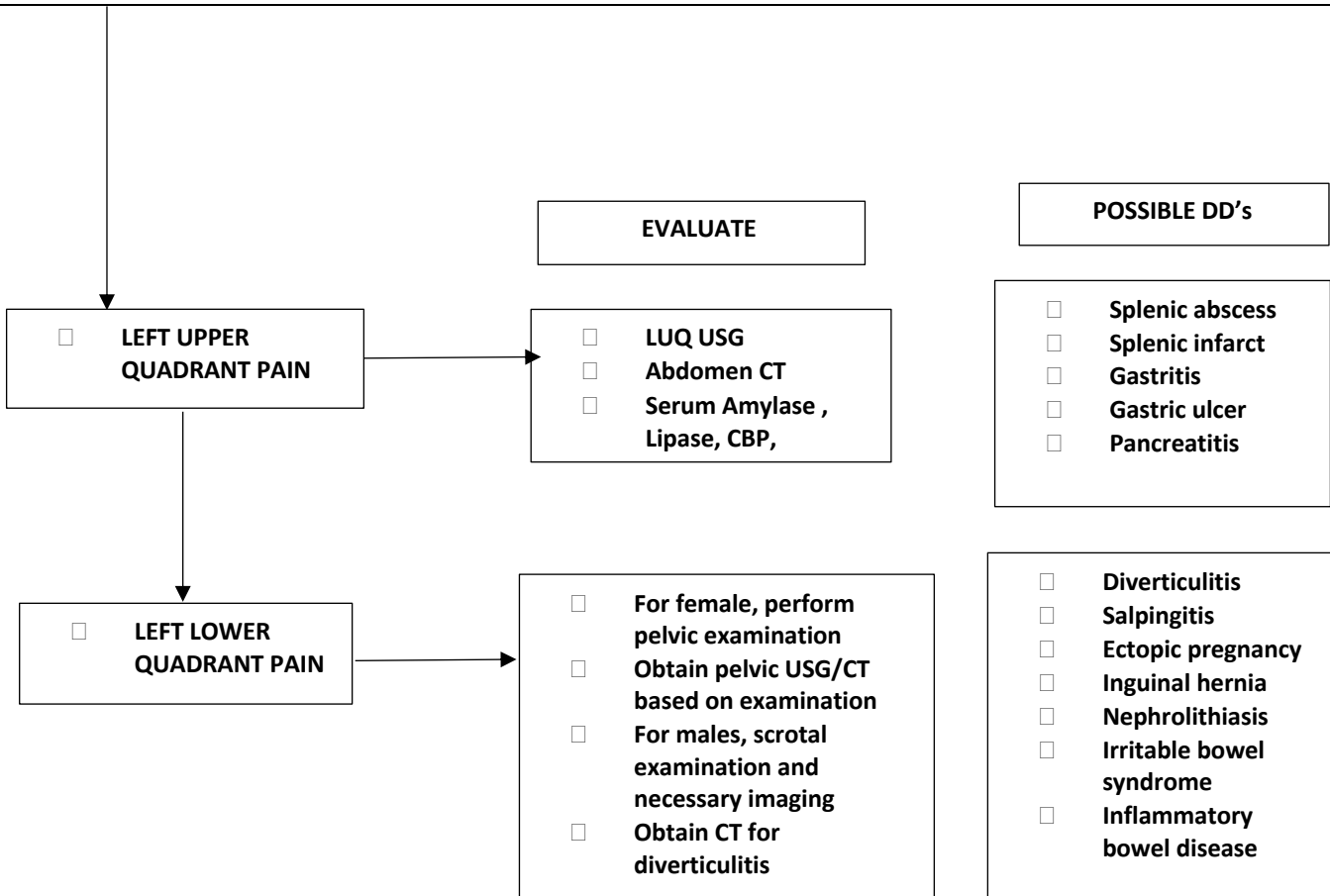
YES

- USG/CT examination of appendix
- For males, scrotal examination and necessary imaging

- For female, perform pelvic examination
- Obtain pelvic USG/CT based on examination

- Hepatitis
- Cholecystitis
- Cholangitis
- Pancreatitis
- Subdiaphragmatic abscess
- Pleurisy
- MI
- GERD
- Peptic ulcer disease
- Ruptured AA

- Appendicitis
- Salpingitis
- Ectopic pregnancy
- Inguinal hernia
- Nephrolithiasis



ICU Days	EVENTS / SUPPORTS				
1	<input type="checkbox"/> MV	<input type="checkbox"/> RRT	<input type="checkbox"/> Vasopressors	<input type="checkbox"/> Organ dysfunction	<input type="checkbox"/> Others
2	<input type="checkbox"/> MV	<input type="checkbox"/> RRT	<input type="checkbox"/> Vasopressors	<input type="checkbox"/> Organ dysfunction	<input type="checkbox"/> Others
3	<input type="checkbox"/> MV	<input type="checkbox"/> RRT	<input type="checkbox"/> Vasopressors	<input type="checkbox"/> Organ dysfunction	<input type="checkbox"/> Others
4	<input type="checkbox"/> MV	<input type="checkbox"/> RRT	<input type="checkbox"/> Vasopressors	<input type="checkbox"/> Organ dysfunction	<input type="checkbox"/> Others
5	<input type="checkbox"/> MV	<input type="checkbox"/> RRT	<input type="checkbox"/> Vasopressors	<input type="checkbox"/> Organ dysfunction	<input type="checkbox"/> Others
6	<input type="checkbox"/> MV	<input type="checkbox"/> RRT	<input type="checkbox"/> Vasopressors	<input type="checkbox"/> Organ dysfunction	<input type="checkbox"/> Others
7	<input type="checkbox"/> MV	<input type="checkbox"/> RRT	<input type="checkbox"/> Vasopressors	<input type="checkbox"/> Organ dysfunction	<input type="checkbox"/> Others

>7 days Course of illness

Outcome

- I. APACHE II/IV Score: _____ 2. SOFA Score at the time of admission: _____ , 48hr: _____ at the time of transfer out / LAMA / Discharge: _____ 3. Length of ICU Stay: _____ 4.Length of Hospital stay: _____
- II. Organ Failure : AKI Liver failure Coagulopathy Encephalopathy Myocardial Dysfunction CIPNM MV dependent
- III. Renal replacement therapy _____ day from CRRT / SLED
- IV. MV _____ duration Prone ECMO Tracheostomy
- V. Outcome: Death Survived (Discharged from ICU / Transfer out to stepdown / HDU/ Room) LAMA

Ambulated Bed ridden (with support / without support)

Doctor Name: _____, Sign: _____

Author	Supervised by	Version/Date	Review Date
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