CHAPTER 18

Acute Abdominal Emergencies
Abdominal Anatomy & Physiology
Abdominal A & P

SOLID ORGANS
- Spleen
- Liver
- Pancreas
- Kidneys

HOLLOW ORGANS
- Stomach
- Gallbladder
- Duodenum
- Large intestine
- Small intestine
- Bladder
Abdominal A & P

- Most organs contained in the peritoneum
- **Visceral Peritoneum**
  - Covers organs
- **Parietal Peritoneum**
  - Attached to abdominal wall

Abdomen Divided into 4 Quadrants

- Umbilicus
- Diaphragm
- RUQ
- LUQ
- RLQ
- LLQ
Abdominal Quadrants

Used to describe areas of:

- Pain
- Tenderness/Discomfort
- Injury
- Abnormalities
Types of Abdominal Pain

- Visceral pain
- Parietal pain
- Tearing pain
- Referred pain
Visceral Pain

- Originates from organs
- No one specific area of pain
- Intermittent, achy, crampy
  - Often from hollow organs
- Dull, persistent
  - Often from solid organs
Parietal Pain

- Originates from abdominal cavity lining
- May be irritation from internal bleeding or infection
- Sharp, constant pain
- Worse with movement
Tearing Pain

* Not very common
* Typically associated with abdominal aortic aneurysm (AAA)
Referred Pain

- Pain felt in area different than where it originates
- Caused by shared nervous pathways
Any abdominal pain that is described as indigestion may have cardiac involvement. Consider treating the patient for a heart attack.
Abdominal Assessment & Treatment
Scene Size-Up

- Note any odors present.
- Be aware of vomiting.
- Use scene clues for any indication of trauma.
Scene Size-Up
Initial Assessment

- Determine level of consciousness.
- Ensure a patent airway.
- Assess for signs of shock.
- Note patient’s body positioning.
- Administer high-concentration oxygen.
Initial Assessment
Obtain a SAMPLE history.
Obtain a SAMPLE history.

Questions specific to female patients:

- Any possibility of being pregnant?
- Is this your menstrual cycle? Is it late?
- Any vaginal bleeding?
- Any previous history of similar problems?
Visually inspect the abdomen.
Inspect the abdomen.

Inspect for:

- Discoloration
- Distention
- Bloating
- Protrusions
- Any other abnormalities
Palpate the abdomen.

- Palpate area of pain last.
- Use fingertips to palpate.
- Loosen clothing to palpate lower quadrants.
- Only palpate each area once.
Palpate the abdomen.
Palpate lower quadrants.
Palpation Findings

- Guarding
  - Protective defensive to prevent pain
  - Arms drawn across abdomen
  - Abdominal muscle clenching

- Masses
  - Pulsating may indicate aneurysm
Transport and assess vital signs every 5 minutes.
Review Questions

1. List five signs and symptoms of abdominal distress.

2. Describe the differences between visceral and parietal pain and describe a condition that may be responsible for each.
Review Questions

3. Describe the emergency care for a patient experiencing abdominal pain or distress.

4. Name the four abdominal quadrants and explain how the quadrants are determined.
What is your initial impression of this patient?

What is the significance of the patient’s initial presentation?

Why would you want to see the trash can?
Why would you request advanced life support?

Do you agree with the transport priority? Why or why not?
Do you believe this patient is in shock? Explain your reasons.

What effect might her history have on her current condition?

What position should the patient be placed in?
Sample Documentation

<table>
<thead>
<tr>
<th>PATIENT NAME: Mary Vignola</th>
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<tbody>
<tr>
<td>CHIEF COMPLAINT: “I feel sick”</td>
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<tr>
<td>PAST MEDICAL HISTORY:</td>
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<tr>
<td>None</td>
</tr>
<tr>
<td>Allergy to</td>
</tr>
<tr>
<td>Hypertension X</td>
</tr>
<tr>
<td>Seizures</td>
</tr>
<tr>
<td>COPD</td>
</tr>
<tr>
<td>Cardiac</td>
</tr>
<tr>
<td>Other (List):</td>
</tr>
<tr>
<td>Asthma</td>
</tr>
<tr>
<td>Current Medications (List): aspirin, known antihypertensive med</td>
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</table>

<table>
<thead>
<tr>
<th>TIME</th>
<th>RESP</th>
<th>PULSE</th>
<th>B.P.</th>
<th>PATIENT AGE: 75</th>
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<tbody>
<tr>
<td>15:02</td>
<td>Rate: 26 Regular</td>
<td>Rate: 104 Regular</td>
<td>Normal Dilated</td>
<td></td>
</tr>
<tr>
<td>15:10</td>
<td>Rate: 28 Regular</td>
<td>Rate: 112 Regular</td>
<td>Normal Dilated</td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>MENTAL STATUS</th>
<th>R</th>
<th>PUPILS</th>
<th>L</th>
<th>SKIN</th>
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<tbody>
<tr>
<td>Alert</td>
<td>Voice</td>
<td>Pain</td>
<td>Unresp.</td>
<td></td>
</tr>
<tr>
<td>Normal</td>
<td>Dilated</td>
<td>Constricted</td>
<td>Sluggish</td>
<td>No-Reaction</td>
</tr>
<tr>
<td>Normal</td>
<td>Dilated</td>
<td>Constricted</td>
<td>Sluggish</td>
<td>No-Reaction</td>
</tr>
<tr>
<td>Unremarkable</td>
<td>Cool</td>
<td>Pale</td>
<td>Cyanotic</td>
<td>Dry</td>
</tr>
</tbody>
</table>

| NARRATIVE | EMS called to a supermarket for a 75 year old female who felt ill and vomited. We arrived to find her sweaty, pale and appearing tired. Initial assessment revealed slightly increased respirations and a rapid radial pulse. Oxygen applied. Examination of the vomitus revealed what appears to be digested blood. Patient is given a high priority for transport due to potential shock. ALS requested. Vitals noted above. Capillary refill 3 seconds. Patient complains of diffuse pain across the upper abdominal quadrants which has increased slightly over the past few days. It is mildly tender to palpation and not worsened or decreased by anything. Patient has eaten well and normally over the past few days. History includes a “mini stroke” and high blood pressure. She takes aspirin and an unknown blood pressure medication. ALS arrived on scene and rode with this unit to the hospital performing ALS care. Patient transported to Mercy Hospital and TOT RN room #5 rails up. See ALS report 24656 for treatments performed by paramedics. |