Abdominal Pain Telephone Triage

Questions to ask:
1. Any relevant past medical history (CF, thyroid disease, etc)
2. Location: generalized, periumbilical, epigastric, RLQ, RUQ, LLQ, LUQ
3. Description of pain:
   a. Quality-sharp, burning, dull, aching, cramping, etc
   b. Frequency- intermittent versus continuous
   c. Severity- mild, moderate, severe
   d. Is this an acute (new) or chronic (well established) problem?
   e. Timing of pain: before eating, after eating, before or after a bowel movement, evening before sleep, morning upon awakening, nocturnal (after they have fallen asleep at night)
4. Anything makes the pain better or worse, any specific triggers like stress, food, activity, school, etc
5. Gastrointestinal gas signs- abdominal distention, excessive flatus or eructation?
6. Current medications, doses, and frequency and the subsequent response ( better, worse, no change)
7. Any bowel irregularities- diarrhea, constipation, blood in the stool
8. Any genitourinary issues- dysuria, frequency, hematuria
9. Dietary habits ( fluid intake, fiber, new exposures, etc)
10. Any other sign of illness? Nausea, vomiting, fever, pharyngitis, rashes, malaise, achiness, fatigue
11. Any recent physical or psychological changes ( abdominal surgery, illness, loss of family member, relocation, school entry, trauma, etc)

Red Flags: **Referral to ER/PCP/sooner clinic visit if available
1. Severe abdominal pain /guarding (especially localized)
2. Firm, distended abdomen with associated pain
3. Blood in stool (large amount/ongoing)
4. Obstructive symptoms of vomiting (bile in vomit),
5. Persistent fever greater than 101 with abd pain
6. Signs and symptoms of dehydration
7. Food refusal (several days) and/or weight loss
8. Lethargy, syncope, mental status changes
9. Recent abdominal surgery, or history of pancreatitis, IBD, etc
**Treatment Goals:**
1. Complete pain eradication is unlikely, thus the goal is on symptom minimization and coping, with prompt identification of red flags that need more extensive evaluation
2. School attendance and participation in daily activities should be encouraged as much as possible

**Advice:**
1. Rest, distraction as appropriate (warm bath or shower, listening to quiet music, etc)
2. Warm or cool compress (patient preference) to the affected area
3. Bland diet, increase clear fluids (avoid carbonated or caffeinated beverages) Children 10-35 pounds need 4-6 cups of fluids daily, kids over 35 pounds need 6-8 cups of fluids daily, and adolescents/teens need 8-10 cups daily if possible.
4. Encourage child to try and have a bowel movement
5. Compliance with medications prescribed by provider, OR appropriate use of OTC medications (antacids, analgesics per bottle label recommendations)
6. Keep a symptom diary in relation to intake and activity to discuss with provider in a follow-up visit

**Teaching:**
1. Refer to GI Kids patient teaching sheet (www.gikids.org)
2. Abdominal pain is VERY common in children, and is often “functional” in nature, meaning it is not related to a severe infection, illness, or organ dysfunction

**Possible Causes:**
There are a wide variety of things that can cause abdominal pain- illness, injury, medication reactions, stress, etc.
If extensive evaluation has excluded organic cause, pain is functional and needs to be managed symptomatically.