



ORANGE COUNTY EMERGENCY MEDICAL SERVICES
Prehospital Standing Orders / Treatment Guidelines
ABDOMINAL EMERGENCIES, NON-TRAUMATIC
(Adult / Adolescent)

#: M-005
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Orig. Date: 4/86
Revised: 06/09/2026

Notes:

Life threatening causes of abdominal pain include:

- Cardiac etiology: Myocardial Infarction (MI), ischemia
- Vascular: Abdominal Aortic Aneurysm (AAA), aortic dissection
- GI Bleeding
- Gynecology: ectopic pregnancy, placental disruption

Base Hospital Contact for Suspected AAA

BLS Interventions

- Refer to OCEMS BLS Standing Orders SO-B-001.
- Evaluate and treat for hypoglycemia per OCEMS Procedures B-050 and B-055.
- NPO status.

ALS Interventions

- IV access if applicable.
- Cardiac monitoring.
- 12-lead ECG if applicable.
- Treat for hypotension ($SBP \leq 90$) or signs of shock:
 - ▶ **Normal Saline 250 mL IV bolus** – may repeat up to 1 liter to maintain adequate perfusion.
- Treat for pain choosing one of the following to administer:
 - ▶ **Fentanyl 50 mcg IV / IM** – may repeat once after 3 minutes, hold for $SBP < 90$
 - ▶ **Fentanyl 100 mcg IN** – may repeat once after 3 minutes, hold for $SBP < 90$
 - ▶ **Morphine sulfate 5 mg (or 4 mg CARPUJECT™) IV / IM** – may repeat once after 3 minutes hold for $SBP < 90$
 - ▶ **Ketamine 0.1 mg / kg IV** – may repeat once after 15 minutes, max single dose 10 mg
 - ▶ **Ketamine 0.5 mg / kg IM** – may repeat once after 15 minutes, max single dose 50 mg
 - ▶ **Ketamine 1 mg / kg IN** – once, max dose 100 mg
 - ▶ **Ketorolac 15 mg IV / IM** – once
- Treat for nausea and vomiting if not suspected or known to be pregnant:
 - ▶ **Ondansetron (Zofran) 8 mg ODT** – once
 - ▶ **Ondansetron (Zofran) 4 mg IV** – may repeat once after 3 minutes

Transport Considerations

- Transport to the nearest ERC.
- BLS transport acceptable if patient is treated with Zofran only.
- Consider ALS transport if there are any concerning elements in patient history:
 - Hemodynamically unstable / Hypo-perfusion
 - Concurrent respiratory compromise

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- Glasgow Coma Score ≤ 13
 - Obvious hemorrhage
 - Pulsatile abdominal mass
 - Suspected ectopic pregnancy
 - Recent trauma
 - “Tearing” pain
 - Coffee ground emesis
 - Rectal bleeding
 - Pregnancy
 - Provider judgement that ALS transport is appropriate
- **BASE HOSPITAL CONTACT** required for patients suspected of AAA (see Guidelines below).

Additional Considerations

- Upper abdominal pain may be a form of angina, obtain 12-lead ECG if cardiac etiology suspected or risk factors present (age > 35, prior cardiac disease / MI, hypertension, diabetes).
- Signs of Abdominal Aortic Aneurysm (AAA) disruption include:
 - a. Sudden onset abdominal, back or flank pain
 - b. Shock (hypotension, poor skin signs)
 - c. Bradycardia or tachycardia
 - d. Pulsating mass, loss of distal pulses are not always observed
- Patients considered at risk of AAA disruption include:
 - a. Male
 - b. Age > 50 years
 - c. History of hypertension
 - d. Known AAA
 - e. Family history of AAA
 - f. Coronary artery disease or other vascular disease
- When considering pain medications:
 - a. Avoid Ketorolac for active peptic ulcer disease, recent GI bleed or perforation, renal disease, suspected AAA, or known/suspected pregnancy.
 - b. If suspected AAA and SBP < 90, consult base hospital physician for pain management.
 - c. Do not delay transport for IV access for suspected AAA.

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Base Hospital

- If AAA suspected, patient should be routed to the nearest open Trauma Center.

Cross References:

SO-B-001 BLS Standing Orders

Procedure B-050 Administration of Oral Glucose

Procedure B-055 Glucometer (BLS Optional Equipment)

M-010 Diabetic Emergencies

SO-C-15 Chest Pain of Suspected Cardiac Origin or Suspected Angina Equivalent Symptoms

SO-M-45 Shock (Symptomatic Hypotension)

PR-70 Ketamine Analgesia

PR-075 Ketorolac for Patient Analgesia

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