MedPOINT MANAGEMENT	**Clinical Protocol:** ABDOMINAL PAIN	
	ORIGINAL EFFECTIVE DATE: 06/30/2011	**REVIEWED/REVISED DATE(S):** 05/22/2019
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PROTOCOL OVERVIEW

- A detailed history and physical examination often is more helpful in establishing a diagnosis for acute **abdominal pain** with less risk to the patient than a premature and costly diagnostic evaluation.
- Early, appropriate general surgery consult may prevent both unnecessary studies and undue delay in care
- Older or immunocompromised patients may have atypical, subtle, or even absent clinical manifestations of disease.
- The more common diagnoses include:
    - Appendicitis
    - Gallbladder disease
    - Gastroenteritis
    - Diverticular disease
    - Intestinal obstruction
- Of patients presenting with acute **abdominal pain**, up to 33% will not result in a specific diagnosis.
    - When no cause is found, serious illness is unlikely and the pain usually resolves.
    - Confirm timely follow-up if etiology is unclear.

INDICATIONS

<u>Clinical Indications for Imaging</u>

- Supine and upright films of the abdomen
    - Indicated to evaluate clinical suspicion of ANY ONE of the following:
        - Bowel obstruction
        - Viscus perforation or ischemia
        - Unexplained peritonitis
        - Renal colic
- Ultrasound of pelvis
    - Indicated to evaluate clinical suspicions of ANY ONE of the following:
        - Ectopic pregnancy
        - Equivocal cases of suspected acute appendicitis
        - Acute **abdominal pain** in young adult woman or pregnant woman
        - Ovarian enlargement or cysts
- Ultrasound of abdomen
    - Indicated to evaluate clinical suspicions of ANY ONE of the following:
        - Chronic cholecystitis, gallbladder-wall-thickening, or gallstones
        - Appendicitis as indicated by presence of ANY ONE of the following:
            - After surgical consultation
            - Atypical presentation
            - Pregnant woman or woman with risk of adnexal disease
        - Ectopic pregnancy
        - Ascites

        - Liver masses or enlarged liver
        - Acute **abdominal pain** in young adult woman and pregnant woman
        - Ovarian enlargement on physical exam
        - Renal colic if patient has contrast allergy or serum creatinine >2.0
- CT scan of abdomen
    - Indicated for **abdominal pain** when ANY ONE of the following is present:
        - Equivocal cases of suspected acute appendicitis (helical)
        - Palpable mass
        - History of malignancy
        - Diverticulitis with suspected abscess
        - Suspected intestinal ischemia
        - Suspected pancreatitis
        - Suspected leaking abdominal aortic aneurysm (AAA)
        - Suspected abdominal or pelvic abscess
        - Intestinal obstruction, when plain films cannot identify obstruction
        - Blunt or penetrating abdominal trauma
- Water-soluble GI contrast studies
    - Indicated for ANY ONE of the following (using water-soluble contrast):
        - Suspected perforation
        - Suspected partial intestinal obstruction
- Oral barium contraindicated for patient with suspected colonic obstruction
- Barium enema
    - Indicated for suspected colonic obstruction when possible perforation is not a concern
- Radioisotope scan, e.g., HIDA, PIPIDA
- Angiography
    - Indicated for selected patients when ALL of the following are present:
        - Dull, cramping midabdominal **pain** occurring 15 to 30 minutes after eating
        - Gradual weight loss
        - No other explanation for symptoms
- Magnetic resonance imaging
    - Not routinely used as a primary diagnostic tool

Clinical Indications for Referral

- Referral threshold depends on the specific condition diagnosed or suspected
- Refer for ANY ONE of the following:
    - Further evaluation of surgical abdomen
    - Suspicion of peritoneal irritation
    - Persistent **abdominal pain** without explanatory diagnosis
    - Significantly abnormal examination including ANY ONE of the following:
        - Localized tenderness
        - Abnormal rectal examination
        - Heme positive stools
        - Markedly abnormal bowel sounds

Clinical Indications for Hospitalization

- Emergent evaluation or management of **1 or more** of the following:
    - Abdominal aortic aneurysm, abscess or dissection
    - Acute abdominal pain, and clinical suspicion of **1 or more** of the following:

        - Acute cholecystitis, Hepatitis, Pancreatitis, Pelvic inflammatory disease, Pyelonephritis, Appendicitis, Bowel obstruction, Cholangitis, Diverticulitis, Ileus, Incarcerated hernia, Mesenteric ischemia, Ovarian torsion, Perforation, Testicular torsion, Volvulus
        - Diabetic ketoacidosis
        - Ectopic pregnancy
        - Intussusception
        - Ischemic bowel disease
        - Malignancy
        - Meckel diverticulum
        - Myocardial infarction
        - Nephrolithiasis
        - Pneumonia
        - Porphyria
        - Pulmonary embolism
        - Sickle cell crisis
        - Trauma
        - Uremia
    - Findings on imaging tests, including **1 or more** of the following:
        - Abdominal free air
        - Bowel obstruction
        - Dilated biliary tree
        - Dilated small bowel loops
    - Findings on physical examination, including **1 or more** of the following:
        - Abdominal pain out of proportion to examination
        - Altered mental status
        - Bloody, maroon, or melenic stool
        - Peritoneal signs
        - Vital sign abnormality
    - Severe "red flag" or "alarm" features including **1 or more** of the following:
        - Fever
        - Light-headedness or syncope
        - Obstipation
        - Overt gastrointestinal blood loss
        - Recent surgery or endoscopic procedure
        - Vomiting or inability to maintain adequate oral intake
- Gastroenterology referral for revaluation or management of chronic abdominal pain and **1 or more** of the following:
    - Clinical suspicion of 1 or more of the following:
        - Chronic pancreatitis
        - Diverticulosis
        - Functional abdominal pain
        - Gastroparesis
        - Inflammatory bowel disease
        - Irritable bowel syndrome
        - Peptic ulcer disease
- Gynecology referral for evaluation or management of **1 or more** of the following:
    - Endometriosis
    - Gynecologic cancer
    - Pelvic inflammatory disease
- Hematology referral for evaluation or management of porphyria
- Interventional radiology referral for fine needle aspiration of suspected infected pancreatic necrosis

- Nephrology referral for evaluation or management of uremia
- Oncology referral for evaluation or management of malignancy
- Urology referral for evaluation or management of nephrolithiasis
- Vascular surgery referral for evaluation or management of abdominal aortic aneurysm

CITATION

Milliman Care Guidelines, “Ambulatory Care”, “Abdominal Pain – Referral Management”, 23rd Edition, 2/26/2019