

# Abdominal Pain Pathway

## Clinical Assessment/Management tool for Children



## Primary and Community Care Settings

### PRIORITIES OF CLINICAL ASSESSMENT

- Explore previous medical conditions such as constipation or a history of allergies
- Ensure well hydrated and sufficient pain relief provided
- If patients condition falls in the amber or red criteria please ensure safety and discuss/transfer for urgent assessment
- **Testicular pain and/or swelling should be dealt with as an emergency, please call your local referral centre with the age of your child as local available treatments differ; otherwise transfer to RVI**

### RED FLAGS

- Abdominal pain associated with polyuria and polydipsia - Diabetes
- Associated with Billious vomiting (green vomits) - Obstruction
- Associated with blood in stools or intermittent pain - Intussusception
- Associated with oedema - Nephrotic syndrome
- Associated with chest symptoms - Lower zone pneumonia
- Associated with high temperature consider Sepsis

**Testicular pain please refer to clinical assessment box**

### Assessment

	Green	Amber	Red
History	<ul style="list-style-type: none"> <li>• Child looks well smiling and interactive</li> <li>• Tolerating fluids and feeds</li> <li>• Passing stools and normal urine output - wet nappies</li> <li>• No signs of dehydration/jaundice /pallor /cyanosis</li> <li>• All observations within normal limits</li> </ul>	<ul style="list-style-type: none"> <li>• Managing half of usual fluid amount and passing urine 6-8 hourly</li> <li>• Still smiling but not as usual / Less talkative</li> <li>• Holding on to the abdomen or bringing knees close to the abdomen</li> <li>• Normal abdominal examination with some tenderness</li> </ul>	<ul style="list-style-type: none"> <li>• Not feeding /not eating</li> <li>• Disproportionate Tachycardia/Tachypnoeic</li> <li>• Extreme pain</li> <li>• Quiet</li> <li>• Not tolerating any fluids</li> <li>• Billious vomiting</li> </ul>
Examination	<ul style="list-style-type: none"> <li>• Abdomen moves well with respiration</li> <li>• Non tender on examination</li> <li>• Normal active bowel sounds</li> </ul>	<ul style="list-style-type: none"> <li>• Tenderness on examination</li> <li>• Slow bowel sounds</li> </ul>	<ul style="list-style-type: none"> <li>• Guarding and not moving with respiration</li> <li>• Extremely tender to touch</li> <li>• Abdominal discolouration</li> <li>• Bowel sounds absent or high-pitched</li> <li>• Abdominal mass felt</li> </ul>
Management	<ul style="list-style-type: none"> <li>• If small baby consider colic/cows milk protein intolerance</li> <li>• Encourage small frequent fluids</li> <li>• Accept one wee every 6-8 hours and passing normal stools</li> </ul>	<ul style="list-style-type: none"> <li>• Pain management and identify cause</li> <li>• Treat symptomatically—encourage fluids</li> </ul>	<ul style="list-style-type: none"> <li>• Consider all differentials</li> <li>• Keep nil by mouth</li> <li>• Adequate analgesia</li> </ul>

### Action

Green Action	Amber Action	Red Action
<ul style="list-style-type: none"> <li>• Full safety netting and home care</li> <li>• <b>Abdominal pain (acute)</b></li> </ul>	<ul style="list-style-type: none"> <li>• Review in 24-48 hours</li> <li>• If any concerns discuss /refer to local Paediatric team for assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure ABC approach and adequate pain management</li> <li>• Transfer immediately to Paediatric A&amp;E/Assessment Unit</li> <li>• Call 999 if felt required</li> </ul>