1. Assess airway and initiate basic and/or advanced airway maneuvers prn (MCG 1302)

2. Administer Oxygen prn (MCG 1302)

3. Initiate cardiac monitoring prn (MCG 1308)
   Perform 12-lead ECG if cardiac ischemia suspected

4. Establish vascular access prn (MCG 1375)

5. For poor perfusion:
   Normal Saline 1L IV rapid infusion
   Reassess after each 250mL increment for evidence of volume overload (pulmonary edema); stop infusion if pulmonary edema develops
   For persistent poor perfusion, treat in conjunction with TP 1207, Shock/Hypotension

6. Assess and document pain (MCG 1345)
   If abdominal or pelvic pain during pregnancy, or vaginal bleeding with known or suspected pregnancy treat per TP 1217, Pregnancy Complications
   Consider the following Provider Impressions:
   If abdominal or pelvic pain – document Abdominal Pain/Problems
   If pain in penis, scrotum or testes in a male or complaints of vaginal symptoms in a female, or if for sexual assault – document Genitourinary Disorder

7. For pain management: (MCG 1345)
   Fentanyl 50mcg (1mL) slow IV push or IM/IN
   Repeat every 5 min pm, maximum total dose prior to Base contact 150mcg
   Morphine 4mg (1mL) slow IV push
   Repeat every 5 min pm, maximum total dose prior to Base contact 12mg
   CONTACT BASE for additional pain management after maximum dose administered:
   May repeat as above up to maximum total dose Fentanyl 250mcg or Morphine 20mg

8. For nausea or vomiting:
   Ondansetron 4mg ODT/IV/IM, may repeat x1 in 15 min pm

9. Consider the following Provider Impressions:
   If nausea or vomiting present in the absence of abdominal pain or diarrhea – document Nausea / Vomiting
   If vomiting blood or coffee ground material, and/or tarry/black stools – document Upper GI Bleeding
   If vaginal bleeding without known pregnancy – document Vaginal Bleeding
   If complaint of diarrhea without hypotension – document Diarrhea
   If bleeding per rectum – document Lower GI Bleeding
SPECIAL CONSIDERATIONS

₁ When evaluating a patient with abdominal pain, note that abdominal pain may be a sign of cardiac disease. If age $\geq 35$ years, previous history of cardiac disease or MI, or risk factors are present (hypertension, diabetes mellitus), consider obtaining a 12-lead ECG to evaluate for ischemia or STEMI.

₂ For both upper and lower GI bleeding, if abdominal pain is also present, document GI bleeding as primary provider impression and abdominal pain as secondary provider impression.