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 or IM**
   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

❶ 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.

❷ 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.