

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 ❶
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, Pain Management*
8. For nausea or vomiting:
Ondansetron 4mg ODT/IV/IM, may repeat x1 in 15 min prn
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* ❷

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* ❷

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.