Infants and Children Acute Management of Abdominal Pain

Sites where PCP applies: All HNELHD Emergency Departments

This PCP applies to:
1. Adults: No
2. Children up to 16 years: Yes
3. Neonates – less than 29 days: Yes

Target audience: Clinicians in ED where children present with abdominal pain

Description: Acute management of infants and children with abdominal pain

Keywords: Acute, management, infants, children, abdominal pain

This PCP relates to NSW Ministry of Health Policy Directive: PD2013_053 Infants and Children Acute Management of Abdominal Pain

PCP number: PD2013_053: PCP 1

Replaces existing PCP? Yes


Related Legislation, Australian Standard, NSW Ministry of Health Policy Directive or Guideline, National Safety and Quality Health Service Standard (NSQHSS) and/or other, HNE Health Document, Professional Guideline, Code of Practice or Ethics:
- NSW MoH Paediatric Clinical Practice Guidelines

Tier 2 Director responsible for Policy: Professor Trish Davidson, Director, Children Young People and Families

PCP Contact Position and Network or Service etc. responsible for the PCP: Rhonda Winskill, Paediatric Rural Outreach CNC, HNELHD/Northern Child Health Network

Contact Details: Mob: 0438 809 688 or Email: Rhonda.Winskill@hnehealth.nsw.gov.au

Authorised by: Professor Trish Davidson, Director, Children Young People and Families

Date authorised: 9 July 2014

This PCP contains advice on therapeutics: Yes as per PD2013_053

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Version One August 2014
Summary

This PCP is a guideline in the assessment and management of infants and children who presents to an emergency department with abdominal pain:

- promotes evidence based practice in the assessment of acute abdominal pain in the paediatric patient
- provides guidelines on appropriate transfer/retrieval based on clinical assessment

Risk statement:

This PCP has been developed to provide current clinical practice guidelines to clinical staff in the assessment, management, timely escalation of care and discharge planning for infants and children who presents to the emergency department with acute abdominal pain. Non-compliance to this PCP may result in paediatric patients with acute abdominal pain receiving care that is not based on best practice guidelines.

Risk Category: Clinical Care & Patient Safety.

Compliance, Implementation and Monitoring

This PCP establishes evidenced based best practice for HNELHD based on the policy PD2013_053 which requires mandatory compliance. The document will be implemented in all HNE Health EDs and compliance monitored by IIMS.

Feedback

Any feedback on this document should be sent to the Contact Officer listed on the front page.
Infants and Children Acute Management of Abdominal Pain

**Primary Survey**
- Airway
- Breathing
- Circulation
- Disability
- Exposure
- Fluids
- Glucose

If any concerns:
- Call Paediatrician/Retrieval Team
  NETS Hotline 1300 36 2500
  Or refer to local or NSW

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Any history of significant trauma
- Yes → Call Paediatrician/Retrieval Team
  NETS Hotline 1300 36 2500
  Or refer to local or NSW

- No → Bile stained vomiting (green)
  Localised tenderness
  Distension/ Rebound tenderness
  Guarding
  Palpable mass
  Inguinoscrotal pain or swelling (check testis!)

- Yes → Surgical consultation and consider transfer to higher level care facility
- No → Surgical/Paediatrician consultation
  Possible intussusception. Transfer to higher level care facility for urgent ultrasound

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Blood stool under 1 yrs
- Yes → Surgical consultation and consider transfer to higher level care facility
- No → Stool Culture possible infective colitis, discuss with consultant.

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Positive urine dipstick for leukocyte esterase or nitrates, or pyuria/bacteruria on microscopy
- Yes → Urinary tract infection
- No → Diarrhoea +/- vomiting/fever

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Fever +/- tachypnoea, respiratory distress, cough, chest signs
- Yes → Consider pneumonia & chest XRay
  If abnormal commence antibiotics, discuss with Paediatrician
- No → Consult surgeon prior to PR examination

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Female patient- post menarche
- Yes → Test urine for Beta HCG
  Consider abdominal ultrasound for ovarian pathology and transfer
- No → Firm stool palpable in lower abdomen

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Consider less common diagnoses such as poisoning (eg iron, lead), envenomation (eg red back spider), DKA, severe dehydration
- Yes → Consult surgeon prior to PR examination

Consult surgeon prior to PR examination
- Consider appendicitis in:
  Children under 5 yrs
  Children with developmental delay
  Children with cerebral palsy

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Observe: sustained improvement over 2 - 4 hrs
- Yes → Consult Paediatrician or ED Specialist
- Still concerns → Discharge with appropriate follow up and a written discharge plan. Educate family and provide Abdominal Pain (Stomach ache) fact sheet.

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Improving: above flow chart has been adhered to and the patient’s pain is settling without the use of narcotics.