

Abdominal Pain - Male

After Hours Telehealth Triage Guidelines | Adult | 2023

DEFINITION

- Pain or discomfort located between the bottom of the rib cage and the groin crease.
- Male

PAIN SEVERITY is defined as:

- **Mild (1-3):** Doesn't interfere with normal activities, abdomen soft and not tender to touch.
- **Moderate (4-7):** Interferes with normal activities or awakens from sleep, abdomen tender to touch.
- **Severe (8-10):** Excruciating pain, doubled over, unable to do any normal activities.

INITIAL ASSESSMENT QUESTIONS

1. LOCATION: "Where does it hurt?"
2. RADIATION: "Does the pain shoot anywhere else?" (e.g., chest, back)
3. ONSET: "When did the pain begin?" (Minutes, hours or days ago)
4. SUDDEN: "Gradual or sudden onset?"
5. PATTERN "Does the pain come and go, or is it constant?"
 - If it comes and goes: "How long does it last?" "Do you have pain now?"
(Note: Comes and goes means the pain is intermittent. It goes away completely between bouts.)
 - If constant: "Is it getting better, staying the same, or getting worse?"
(Note: Constant means the pain never goes away completely; most serious pain is constant and gets worse.)
6. SEVERITY: "How bad is the pain?" (e.g., Scale 1-10; mild, moderate, or severe)
 - MILD (1-3): Doesn't interfere with normal activities, abdomen soft and not tender to touch.
 - MODERATE (4-7): Interferes with normal activities or awakens from sleep, abdomen tender to touch.
 - SEVERE (8-10): Excruciating pain, doubled over, unable to do any normal activities.
7. RECURRENT SYMPTOM: "Have you ever had this type of stomach pain before?" If Yes, ask: "When was the last time?" and "What happened that time?"
8. CAUSE: "What do you think is causing the stomach pain?"
9. RELIEVING/AGGRAVATING FACTORS: "What makes it better or worse?" (e.g., antacids, bending or twisting motion, bowel movement)
10. OTHER SYMPTOMS: "Do you have any other symptoms?" (e.g., back pain, diarrhea, fever, urination pain, vomiting)

TRIAGE ASSESSMENT QUESTIONS

Call EMS 911 Now

Shock suspected (e.g., cold/pale/clammy skin, too weak to stand, low BP, rapid pulse)

R/O: shock. FIRST AID: Lie down with the feet elevated.

CA: 40, 1045, 1

Difficult to awaken or acting confused (e.g., disoriented, slurred speech)

R/O: shock. FIRST AID: Lie down with the feet elevated.

CA: 40, 1045, 1

Passed out (i.e., lost consciousness, collapsed and was not responding)

R/O: shock. FIRST AID: Lie down with the feet elevated.

CA: 40, 1045, 1

Sounds like a life-threatening emergency to the triager

CA: 40, 1

See More Appropriate Guideline

Chest pain

Go to Guideline: Chest Pain (Adult) first - then use Abdominal Pain guideline.

Pain is mainly in upper abdomen (if needed ask: "is it mainly above the belly button?")

Go to Guideline: Abdominal Pain - Upper (Adult)

Followed an abdomen (stomach) injury

Go to Guideline: Abdominal Injury (Adult)

Abdomen bloating or swelling are main symptoms

Go to Guideline: Abdomen Bloating and Swelling (Adult)

Go to ED Now

[1] SEVERE pain (e.g., excruciating) AND [2] present > 1 hour

R/O: appendicitis or other acute abdomen

CA: 41, 80, 83, 81, 1

[1] SEVERE pain AND [2] age > 60 years

Reason: Higher risk of serious cause of abdominal pain.

CA: 41, 80, 83, 81, 1

[1] Vomiting AND [2] contains red blood or black ("coffee ground") material (Exception: Few red streaks in vomit that only happened once.)

R/O: gastritis, peptic ulcer disease, Mallory-Weiss tear

CA: 41, 92, 1245, 1069, 81, 84, 1

Blood in bowel movements (Exception: Blood on surface of BM with constipation.)

R/O: gastritis, peptic ulcer disease

CA: 41, 92, 81, 1

Black or tarry bowel movements (Exception: Chronic-unchanged black-grey BMs AND is taking iron pills or Pepto-Bismol.)

R/O: gastritis, peptic ulcer disease

CA: 41, 92, 81, 1

[1] Unable to urinate (or only a few drops) > 4 hours AND [2] bladder feels very full (e.g., palpable bladder or strong urge to urinate)

R/O: urinary retention

CA: 41, 81, 1

Go to ED Now (or PCP triage)

[1] Vomiting AND [2] contains bile (green color)

R/O: intestinal obstruction

CA: 42, 84, 1491, 1

[1] Pain in the scrotum or testicle AND [2] present > 1 hour

R/O: testicular torsion, kidney stone

CA: 42, 81, 83, 1

Patient sounds very sick or weak to the triager

Reason: Severe acute illness or serious complication suspected.

CA: 42, 81, 80, 1

See HCP (or PCP Triage) Within 4 Hours

[1] MILD-MODERATE pain AND [2] constant AND [3] present > 2 hours

R/O: appendicitis or other acute abdomen

CA: 43, 84, 1491, 89, 1

[1] Vomiting AND [2] abdomen looks much more swollen than usual

R/O: intestinal obstruction

CA: 43, 84, 1491, 89, 1

White of the eyes have turned yellow (i.e., jaundice)

R/O: cholelithiasis, hepatitis

CA: 43, 1491, 89, 1

Fever > 103 F (39.4 C)

CA: 43, 76, 1491, 89, 1

[1] Fever > 101 F (38.3 C) AND [2] age > 60 years

CA: 43, 76, 1491, 89, 1

[1] Fever > 100.0 F (37.8 C) AND [2] bedridden (e.g., CVA, chronic illness, recovering from surgery)

Reason: Higher risk of bacterial infection.

CA: 43, 76, 82, 89, 1

[1] Fever > 100.0 F (37.8 C) AND [2] diabetes mellitus or weak immune system (e.g., HIV positive, cancer chemo, splenectomy, organ transplant, chronic steroids)

CA: 43, 76, 1491, 89, 1

Urgent Home Treatment with Follow-Up Call

[1] SEVERE pain AND [2] present < 1 hour

CA: 61, 21, 1490, 1066, 1492, 1063, 1067, 1060, 1650, 1

See PCP Within 24 Hours

[1] MODERATE pain (e.g., interferes with normal activities) AND [2] pain comes and goes (cramps) AND [3] present > 24 hours (Exception: Pain with Vomiting or Diarrhea - see that Guideline.)

CA: 44, 1635, 1493, 1630, 1633, 1650, 1

[1] MILD pain (e.g., does not interfere with normal activities) AND [2] pain comes and goes (cramps)
[3] present > 48 hours (Exception: This same abdominal pain is a chronic symptom recurrent or ongoing AND present > 4 weeks.)

CA: 44, 1635, 1493, 1630, 1633, 1650, 1

Age > 60 years

Reason: Higher risk of serious cause of abdominal pain.

CA: 44, 1490, 1066, 1650, 1

Blood in urine (red, pink, or tea-colored)

R/O: kidney stone, UTI, urinary retention

CA: 44, 1493, 89, 1

See PCP Within 2 Weeks

Abdominal pain is a chronic symptom (recurrent or ongoing AND present > 4 weeks)

R/O: irritable bowel syndrome

CA: 46, 1565, 1490, 1066, 1492, 1068, 1651, 1

Home Care

[1] MILD-MODERATE pain AND [2] constant and [3] present < 2 hours

CA: 48, 20, 1490, 1066, 1492, 1063, 1067, 1060, 1650, 1

[1] MILD-MODERATE pain AND [2] comes and goes (cramps)

CA: 48, 1064, 1066, 1492, 1063, 1630, 1633, 1067, 1060, 1651, 1

CARE ADVICE (CA) -

1. **Care Advice** given per Abdominal Pain - Male (Adult) guideline.

20. **Reassurance and Education - Mild Stomachache:**
 - It doesn't sound like a serious stomachache. So far it has lasted less than 2 hours.
 - A stomachache can be from indigestion, gas pains or overeating.
 - Sometimes a stomachache signals the onset of a vomiting or diarrhea illness from a viral gastroenteritis ("stomach flu").
 - *Here is some care advice that should help.*

21. **Reassurance and Education - Short Term Pain:**
 - So far this severe pain has lasted less than 1 hour.
 - Pain that lasts just a short period of time is often not serious.
 - A stomachache can be from indigestion, gas pains or overeating. Sometimes a stomachache signals the onset of a vomiting or diarrhea illness from a viral gastroenteritis ("stomach flu").
 - *Here is some care advice that should help.*

40. **Call EMS 911 Now:**
- Immediate medical attention is needed. You need to hang up and call 911 (or an ambulance).
 - *Triager Discretion:* I'll call you back in a few minutes to be sure you were able to reach them.
41. **Go to ED Now:**
- You need to be seen in the Emergency Department.
 - Go to the ED at _____ Hospital.
 - Leave now. Drive carefully.
42. **Go to ED Now (or PCP Triage):**
- **If No PCP (Primary Care Provider) Second-Level Triage:** You need to be seen within the next hour. Go to the ED/UCC at _____ Hospital. Leave as soon as you can.
 - **If PCP Second-Level Triage Required:** You may need to be seen. Your doctor (or NP/PA) will want to talk with you to decide what's best. I'll page the provider on-call now. If you haven't heard from the provider (or me) within 30 minutes, go directly to the ED/UCC at _____ Hospital.
43. **See HCP (or PCP Triage) Within 4 Hours:**
- **If Office Will Be Open:** You need to be seen within the next 3 or 4 hours. Call your doctor (or NP/PA) now or as soon as the office opens.
 - **If Office Will Be Closed and No PCP (Primary Care Provider) Second-Level Triage:** You need to be seen within the next 3 or 4 hours. A nearby Urgent Care Center (UCC) is often a good source of care. Another choice is to go to the ED. Go sooner if you become worse.
 - **If Office Will Be Closed and PCP Second-Level Triage Required:** You may need to be seen. Your doctor (or NP/PA) will want to talk with you to decide what's best. I'll page the on-call provider now. If you haven't heard from the provider (or me) within 30 minutes, call again. **Note:** If on-call provider can't be reached, send to UCC or ED.
- Note to Triager:**
- Use nurse judgment to select the most appropriate source of care.
 - Consider both the urgency of the patient's symptoms AND what resources may be needed to evaluate and manage the patient.
- Sources of Care:**
- **ED:** Patients who may need surgery or hospital admission need to be sent to an ED. So do most patients with serious symptoms or complex medical problems.
 - **UCC:** Some UCCs can manage patients who are stable and have less serious symptoms (e.g., minor illnesses and injuries). The triager must know the UCC capabilities before sending a patient there. If unsure, call ahead.
 - **OFFICE:** If patient sounds stable and not seriously ill, consult PCP (or follow your office policy) to see if patient can be seen NOW in office.

44. **See PCP Within 24 Hours:**
- **If Office Will Be Open:** You need to be examined within the next 24 hours. Call your doctor (or NP/PA) when the office opens and make an appointment.
 - **If Office Will Be Closed:** You need to be seen within the next 24 hours. A clinic or an urgent care center is often a good source of care if your doctor's office is closed or you can't get an appointment.
 - **If Patient Has No PCP:** Refer patient to a clinic or urgent care center. Also try to help caller find a PCP for future care.
- Note to Triager:**
- Use nurse judgment to select the most appropriate source of care.
 - Consider both the urgency of the patient's symptoms AND what resources may be needed to evaluate and manage the patient.
45. **See PCP Within 3 Days:**
- You need to be seen within 2 or 3 days.
 - **PCP Visit:** Call your doctor (or NP/PA) during regular office hours and make an appointment. A clinic or urgent care center are good places to go for care if your doctor's office is closed or you can't get an appointment. **Note:** If office will be open tomorrow, tell caller to call then, not in 3 days.
 - **If Patient Has No PCP:** A clinic or urgent care center are good places to go for care if you do not have a primary care provider. **Note:** Try to help caller find a PCP for future care (e.g., use a physician referral line). Having a PCP or "medical home" means better long-term care.
46. **See PCP Within 2 Weeks:**
- You need to be seen for this ongoing problem within the next 2 weeks.
 - **PCP Visit:** Call your doctor (or NP/PA) during regular office hours and make an appointment.
 - **If Patient Has No PCP:** A primary care clinic is where you need to be seen for chronic health problems. **Note:** Try to help caller find a PCP (e.g., use a physician referral line). Having a PCP or "medical home" means better long-term care.
47. **Home Care - Information or Advice Only Call.**
48. **Home Care:**
- You should be able to treat this at home.
49. **Call PCP Now:**
- You need to discuss this with your doctor (or NP/PA).
 - I'll page the on-call provider now. If you haven't heard from the provider (or me) within 30 minutes, call again.
50. **Call PCP Within 24 Hours:**
- You need to discuss this with your doctor (or NP/PA) within the next 24 hours.
 - **If Office Will Be Open:** Call the office when it opens tomorrow morning.
 - **If Office Will Be Closed:** I'll page the on-call provider now. **Exception:** from 9 pm to 9 am. Since this isn't urgent, we'll hold the page until morning.

51. **Call PCP When Office Is Open:**
- You need to discuss this with your doctor (or NP/PA) within the next few days.
 - Call the office when it is open.
52. **Go to L&D Now:**
- You need to be seen.
 - Go to the Labor and Delivery Unit or the Emergency Department at _____ Hospital.
 - Leave now. Drive carefully.
61. **Urgent Home Treatment With Follow-Up Call:**
- Call-back instructions.
- Call Center Provides RN Call-Backs:**
- You should usually improve with the home treatment advice I give you.
 - I'll call you back in 30-60 minutes to see how you are doing.
 - Call me back immediately if: you become worse before my follow-up call.
- Call Center Does Not Provide RN Call-Backs:**
- I'll explain how to treat your symptom.
 - After finishing the home treatment, call me back (in 30-60 minutes) and tell me how you are doing.
 - If you **become worse** or **don't improve**, then Go to the ED immediately without calling back.
- RN Response to Follow-Up Call:**
- Evaluate response to home treatment.
 - If unchanged or worse, refer to ED Now.
 - If improved or resolved, review remaining triage questions and give care advice.
76. **Fever Medicine - Acetaminophen:**
- Fever above 101° F (38.3° C) should be treated with acetaminophen (e.g., Tylenol). This can be taken by mouth as pills or per rectum using a suppository. Both are available over the counter. Usual adult dose is 650 mg by mouth or per rectum every 6 hours.
 - The goal of fever therapy is to bring the fever down to a comfortable level. Remember that fever medicine usually lowers fever 2-3° F (1-1.5° C).
80. **Another Adult Should Drive:**
- It is better and safer if another adult drives instead of you.
81. **Bring Medicines:**
- Bring a list of your current medicines when you go to the Emergency Department (ER).
 - Bring the pill bottles too. This will help the doctor (or NP/PA) to make certain you are taking the right medicines and the right dose.
82. **Note to Triager - Ambulance Transport for Bedridden Patient:**
- Because of bedridden state, it is likely that the patient will need to be transported via ambulance and examined at the emergency department.
 - Caregivers can arrange ambulance transport via private ambulance company or via EMS 911.

83. **Nothing by Mouth:**
- Do not eat or drink anything for now.
 - *Reason:* Condition may need surgery and general anesthesia.
84. **Nothing by Mouth:**
- Do not eat or drink anything for now.
89. **Call Back If:**
- You become worse
92. **Note to Triager - Driving:**
- Another adult should drive.
 - Patient should not delay going to the emergency department.
 - If immediate transportation is not available via car, rideshare (e.g., Lyft, Uber), or taxi, then the patient should be instructed to call EMS-911.
1045. **First Aid - Lie Down for Shock:**
- Lie down with the feet elevated.
 - *Reason:* Treatment for shock.
1060. **Expected Course - Abdomen Pain:**
- With harmless causes, the pain is usually better or goes away within 2 hours.
 - With viral gastroenteritis ("stomach flu"), belly cramps may occur before each bout of vomiting or diarrhea and may last 2 to 3 days.
 - With serious causes (such as appendicitis) the pain becomes constant and more severe.
1063. **Pass a Stool:**
- Sit on the toilet and try to pass a stool (have a bowel movement).
 - This may relieve pain if it is due to constipation, gas, or impending diarrhea.
1064. **Reassurance and Education - Stomach Pain:**
- It doesn't sound like a serious stomachache.
 - A mild stomachache can be from indigestion, stomach irritation, or overeating.
 - Sometimes a stomachache signals the onset of a vomiting illness from a virus.
 - *Here is some care advice that should help.*
1066. **Drink Clear Fluids:**
- Drink clear fluids only (e.g., water, flat soft drinks or half-strength Gatorade).
 - Sip small amounts at a time, until you feel better and the pain is gone.
 - Then slowly return to a regular diet.
1067. **Avoid Aspirin and NSAIDs:**
- Avoid taking aspirin and anti-inflammatory medicines (i.e., NSAIDs like ibuprofen/Motrin, naproxen/Aleve) unless you have been told to do so by a doctor (or NP/PA).
 - These drugs can irritate the stomach lining and make the pain worse.
 - Acetaminophen (e.g., Tylenol) does not cause stomach irritation.

1068. **Pain Diary:**
- Keep a pain diary.
 - Write down the date, time, place, what you were doing at the time, how bad it is, how long it lasts, what makes it better, etc.
 - *Reason:* Try to find the cause or some of the triggers.
1069. **Bring a Sample:**
- Bring in a sample of anything that looks like blood.
 - Use a plastic bag or container.
 - *Reason:* The doctor may want to test it.
1245. **Bring a Bucket in Case of Vomiting:**
- You may wish to bring a bucket, pan, or plastic bag with you in case there is more vomiting during the drive.
1490. **Rest:**
- Lie down.
 - Rest until you feel better.
1491. **Rest:**
- Lie down.
 - Rest until you are seen.
1492. **Diet:**
- Slowly advance diet from clear liquids to a bland diet
 - Avoid alcohol or caffeinated beverages
 - Avoid greasy or fatty foods.
1493. **Diet:**
- Drink adequate fluids. Eat a bland diet.
 - Avoid alcohol or caffeinated beverages.
 - Avoid greasy or fatty foods.
1565. **Reassurance and Education - Chronic Stomach Pains Lasting More Than 4 Weeks:**
- You should see your doctor (or NP/PA) if you are having long-term problems with stomach pains. Get a check-up.
 - *Here is some care advice that should help.*
1630. **Bismuth Subsalicylate (e.g., Pepto-Bismol):**
- This medicine can help reduce diarrhea, vomiting, and abdomen cramping. It is available over-the-counter (OTC) in a drugstore.
 - *Adult dosage:* Take two tablets or two tablespoons by mouth every hour (if diarrhea continues) to a maximum of 8 doses in a 24 hour period.
 - Do not use for more than 2 days.

1633. **Bismuth Subsalicylate - Extra Notes and Warnings:**
- May cause a temporary darkening of stool and tongue.
 - Do not use if allergic to aspirin.
 - Do not use in pregnancy.
 - Bismuth subsalicylate is available in other over-the-counter medicines (e.g., Kaopectate). Be certain to follow the dosing instructions on the package as it varies by brand.
 - *Before taking any medicine, read all the instructions on the package.*
1635. **Stomach Cramps:**
- Your stomach cramps may be due to an intestinal virus or from something that you ate.
 - When you have cramps, drink some water, then lie down and try to find a comfortable position.
1650. **Call Back If:**
- Severe pain lasts over 1 hour
 - Constant pain lasts over 2 hours
 - You become worse
1651. **Call Back If:**
- Severe pain lasts over 1 hour
 - Constant pain lasts over 2 hours
 - Intermittent pain (e.g., comes and goes, cramps) lasts over 48 hours
 - You become worse

FIRST AID



FIRST AID Advice for Shock: Lie down with the feet elevated.

BACKGROUND INFORMATION

Key Points

- Abdominal pain is a very common symptom.
- Sometimes it may be a symptom of a benign gastrointestinal disorder like gas, overeating, or gastroenteritis. At times abdominal pain is a symptom of a moderately serious problem like appendicitis or biliary colic (gallstones). Abdominal pain may also be the warning symptom of life-threatening conditions like perforated peptic ulcer disease, mesenteric ischemia, and ruptured abdominal aortic aneurysm.
- Pain in older adults (e.g., over 60 years) carries with it a higher risk of serious illness. In one study of older patients presenting to an E.D. with abdominal pain, 40% had surgical illness.

Top Causes of Abdominal Pain in Men Younger Than 50 Years of Age

- Appendicitis
- Gallbladder disease
- Irritable Bowel Syndrome
- Nonspecific abdominal pain

- Peptic ulcer disease

Top Causes of Abdominal Pain in Men Older Than 50 Years of Age

- Appendicitis
- Bowel obstruction
- Diverticulitis
- Gallbladder disease
- Pancreatitis
- Peptic ulcer disease

Location of Pain and Possible Etiologies

- *RUQ*: liver and gallbladder
- *Epigastric*: heart, stomach, duodenum, esophagus, gallbladder, pancreas
- *LUQ*: spleen, stomach
- *Periumbilical*: pancreas, early appendicitis, small bowel
- *RLQ*: ileum, appendix, kidney
- *Suprapubic*: bladder, rectum, colon
- *LLQ*: sigmoid colon, kidney

REFERENCES

1. Bundy DG, Byerley JS, Liles EA, Perrin EM, Katznelson J, Rice HE. Does this child have appendicitis? *JAMA*. 2007 Jul 25;298(4):438-51.
2. Cardall T, Glasser J, Guss DA. Clinical value of the total white blood cell count and temperature in the evaluation of patients with suspected appendicitis. *Acad Emerg Med*. 2004 Oct;11(10):1021-7.
3. Cartwright SL, Knudson MP. Evaluation of acute abdominal pain in adults. *Am Fam Physician*. 2008 Apr 1;77(7):971-8.
4. Flasar MH, Cross R, Goldberg E. Acute abdominal pain. *Prim Care*. 2006; 33(3): 659-84, vi.
5. Hendrickson M, Naparst TR. Abdominal surgical emergencies in the elderly. *Emerg Med Clin North Am*. 2003;21(4): 937-69.
6. Jacobs DO. Clinical practice. Diverticulitis. *N Engl J Med*. 2007 Nov 15;357(20):2057-66.
7. Kamin R, Nowicki TA, Courtney DS, Powers RD. Pearls and pitfalls in the emergency department evaluation of abdominal pain. *Emerg Med Clin North Am*. 2003;21(1):61-72.
8. Martinez JP, Hogan GJ. Mesenteric ischemia. *Emerg Med Clin North Am*. 2004;22(4):909-28.
9. Martinez JP; Mattu A Abdominal pain in the elderly. *Emerg Med Clin North Am*. 2006; 24(2): 371-88, vii.
10. North F, Odunukan O, Varkey P. The value of telephone triage for patients with appendicitis. *J Telemed Telecare*. 2011;17(8):417-20.
11. Pearigen PD. Unusual causes of abdominal pain. *Emerg Med Clin North Am*. 1996;14(3):593-613.
12. Pichetshote N, Pimentel M. An Approach to the Patient With Chronic Undiagnosed Abdominal Pain. *Am J Gastroenterol*. 2019 May;114(5):726-732.

13. Ranji SR, Goldman LE, Simel DL, Shojania KG. Do opiates affect the clinical evaluation of patients with acute abdominal pain? JAMA. 2006 Oct 11;296(14):1764-74.
14. Roy S, Weimersheimer P. Nonoperative cause of abdominal pain. Surg Clin North Am. 1997;77(6):1433-1454.
15. Shian B, Larson ST. Abdominal Wall Pain: Clinical Evaluation, Differential Diagnosis, and Treatment. Am Fam Physician. 2018 Oct 1;98(7):429-436.
16. Wagner JM, McKinney WP, Carpenter JL. Does this patient have appendicitis? JAMA. 1996 Nov 20;276(19):1589-94.
17. Yamamoto W, Kono H, Maekawa M, Fukui T. The relationship between abdominal pain regions and specific diseases: an epidemiologic approach to clinical practice. J Epidemiol. 1997; 7(1): 27-32.

SEARCH WORDS

ABDOMEN
ABDOMEN PAIN
ABDOMINAL CRAMP
ABDOMINAL CRAMPS
ABDOMINAL PAIN
ABDOMINAL SWELLING
ABDOMINAL SWELLING OR MASS
ABDOMINAL WALL PAIN
BILIARY COLIC
BLADDER PAIN
BLOATING
COFFEE GROUND EMESIS
COLON PAIN
CONSTANT PAIN
CRAMP
CRAMPING PAIN
CRAMPS
DYSPEPSIA
EMESIS
EPIGASTRIC PAIN
FLANK PAIN
GALLBLADDER PAIN
GI PAIN
HOLDING ABDOMEN
INDIGESTION
INTESTINAL PAIN
INTESTINE
INTESTINES
LOWER ABDOMINAL PAIN
LOWER ABDOMINAL PAINS

PAIN
SEVERE PAIN
SPASM
SPASMS
STOMACH
STOMACH PAIN
STOMACHACHE
TENDER
VOMITING

AUTHOR AND COPYRIGHT

Author: David A. Thompson, MD, FACEP
Copyright: 2000-2023, LaGrange Medical Software, Inc.. All rights reserved.
Company: Schmitt-Thompson Clinical Content
Content Set: After Hours Telehealth Triage Guidelines | Adult
Version Year: 2023
Last Revised: 3/4/2023
Last Reviewed: 4/3/2023