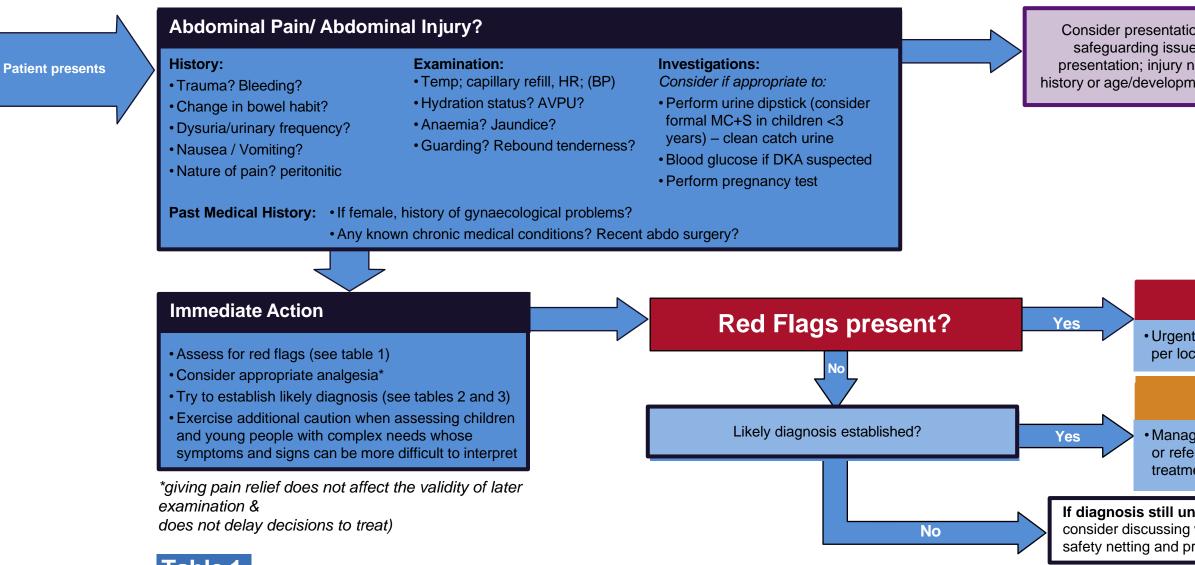
# **Acute Abdominal Pain Pathway**

**Clinical Assessment/ Management tool for Children** 

## **Management - Primary Care and Community Settings**



#### Table 1

Medical Red Flags	Surgical Red Flags	Red Flags (m
<ul> <li>Septic appearance (fever, tachycardia, generally unwell)</li> <li>Respiratory symptoms (tachypnoea, respiratory distress, cough)</li> <li>Generalised oedema - suspect nephrotic syndrome</li> <li>Significant dehydration (clinically or &gt;5% weight loss)</li> <li>Purpuric or petechial rash (suspect sepsis and/or meningococcal disease if febrile)</li> <li>Jaundice</li> <li>Polyuria / polydipsia (suspect diabetic ketoacidosis)</li> </ul>	<ul> <li>Peritonitis (guarding, percussion tenderness, constant dull pain exacerbated by movement)</li> <li>Suggestion of bowel obstruction (colicky abdo pain, bilious vomiting, resonant bowel sounds)</li> <li>History of recent significant abdominal trauma</li> <li>History of recent abdominal surgery</li> <li>Irreducible hernia</li> <li>Testicular pain – consider torsion, esp after puberty</li> <li>"Red currant jelly" stool</li> </ul>	<ul> <li>Severe or increas</li> <li>Significant Blood</li> <li>Abdominal disten</li> <li>Bilious (green) or</li> <li>Palpable abdomine</li> <li>Child unresponsive</li> <li>Child non-mobile</li> <li>Ongoing moderation</li> </ul>

This guidance has been reviewed and adapted by health care professionals across HWE with consent from the thier Together Steering group.

This document was arrived at after careful consideration of the evidence available including but not exclusively NICE, SIGN, EBM data and NHS evidence, as applicable. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. The guidance does not, however, override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient in consultation with the patient and / or carer





Consider presentation with respect to safeguarding issues (e.g. delay in presentation; injury not consistent with history or age/developmental stage of child).

#### **Urgent Action**

• Urgent referral to paediatric or surgical team per local pathway

#### If appropriate

 Manage locally by <u>safety netting advice sheet</u> or refer to Paediatric/ Surgical team for treatment

If diagnosis still uncertain, consider additional tests and consider discussing with paediatric team. Ensure appropriate safety netting and provide family with advice sheet

#### nedical or surgical)

- asing abdominal pain
- od in stool
- ension
- or blood-stained vomit
- ninal mass
- sive or excessively drowsy
- le or change in gait pattern due to pain
- rate to severe pain despite analgesia

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### Table 3

Female gynaecological pathologies	
Menarche	On average 2 yrs after first growth). Average age in U
Mittelschmerz	One sided, sharp, usually
Pregnancy	Sexually active, positive un
Ectopic pregnancy	Pain usually 5-8 weeks aft Late presentations associa
Pelvic inflammatory disease	Sexually active. Risk incre Fever, lower abdo pain, di
Ovarian torsion	Sudden, sharp, unilateral p develops





st signs of puberty (breast development, rapid JK is 13 yrs

r < few hours, in middle of cycle (ovulation)</pre>

irine pregnancy test

ter last period, increased by urination/ defaecation,. iated with bleeding (PV, intra-abdominal)

ease with: past hx of PID, IUD, multiple partners. ischarge, painful intercourse

pain often with nausea/ vomiting. Fever if necrosis