Acute Abdomen & Abdominal Trauma
Abdominal Pain

• Common

• What is causing it?

• Life-threatening?
Acute Abdomen

Sudden onset of abdominal pain
Indicates peritoneal irritation
Anatomy

- Look it Up!
- Gastrointestinal System
- Renal or Urinary System

- Reproductive System
  - Male
  - Female
The abdomen is the second major body cavity.

It contains the major organs of digestion and excretion.
The Abdomen (2 of 2)
Description of Abdominal Pain

- Local
- General or diffuse
- Referred
- Colic
GI Bleeding

- Pain
- “heartburn”
- Signs of shock
- And the following types of bleeding
Bright red rectal bleeding

- indicates bleed close to anus.
- obvious sign (not subtle)
- minor bleeds usually hemorrhoid
Melena

- Dark, tar-like stools
- Lower GI bleed

Can be only indication of GI bleed

can represent significant blood loss
Coffee ground emesis

- Partially digested blood
  - chronic
  - stomach or duodenum
Bright red emesis

- upper GI bleed
- above stomach

- Think Esophageal varices
- Can be severe
GI complaints

Common signs & symptoms
Hemorrhoid

- Enlarged blood vessels near the anus.
- Rectal pain
- Bleeding
Ulcer

- Erosion of the stomach or intestinal lining.
- Epigastric or abdominal pain
- Hematemesis – blood in emesis
  - Bright red
  - Coffee ground
Hernia

- Protrusion of tissue through body wall
  - pain
  - red or blue skin discoloration
  - incarcerated
  - can be serious medical emergency
Esophageal Varices

- enlarged blood vessels in the esophagus that can rupture
- massive bright red bleeding (oral)
- Shock
  - Hx of liver disease or ETOH abuse
Bowel Obstruction

- A blockage of the bowel lumen prohibiting the passage of material
- Hx of recent abdominal surgery
- Constipation
- Colicky abdominal pain
- Abdominal distention
- Nausea/Vomiting
Appendicitis

- Inflammation of the appendix
- Fever
- Anorexia
- N/V
- RLQ pain
- Rebound tenderness
Inflammation of the gallbladder

- Gallstones?
- Recent ingestion of fatty food?
- RUQ pain
- Gradual onset
- Not colicky pain
Kidney Stones

- Calculi in the kidney
  - severe flank pain
  - maybe colicky
  - restlessness
  - nausea & vomiting
Urinary Tract Infection (UTI)

- Bacterial infection in the urinary tract
- Lower abdominal pain
- Pain and/or burning with urination
- Hematuria
- Urgency and frequency
Pyelonephritis

- Inflammation of the kidney
- Flank pain
- Pain and/or burning with urination
- Hematuria
- Fever
Pelvic Inflammatory Disease

- The inflammation of the female pelvic organs (STD)
  - Dull RLQ or LLQ pain
  - Abnormal vaginal discharge
  - Nausea & vomiting
  - Fever
Ectopic Pregnancy

- Embryo gestation outside uterus (usually fallopian tube)
- RLQ or LLQ pain
- late LMP
- may have vaginal bleeding
- shock
Peritonitis

Inflammation of the peritoneum

Generalized abdominal pain
Fever
Rigid abdomen
Nausea and/or vomiting
Distention
Dissecting Abdominal Aortic Aneurysm

- Aneurysm develops between arterial layers
- Shearing/tearing abdominal pain
- Sudden onset
- Shock
- Unequal femoral pulses
Assessment

- OPQRST - all pain is not the same
- SAMPLE or HAM

- nausea, vomiting, diarrhea
- anorexia
- fever
- weakness or syncope
The physical exam

- observe for distention
- palpate for TRPGR
- check all 4 quadrants
- start away from pain
Females

- Always consider a gynecological problem with women having abdominal pain

- Pregnant?
- LMP
- Normal?
- Prior gynecological problems
Treatment

- oxygen
- position of comfort
- no oral fluids
- monitor vitals carefully
- transport
- treat for shock  PRN
Notes

- Dialysis
- shunts / fistulas
- kidneys role in homeostasis
- digestive “juices” = hydrochloric acid
- nasogastric tubes (NG tubes)
- gastrointestinal tube (GI tubes)
- colostomy / illeostomy
Abdominal Trauma

Penetrating & Blunt
Abdominal Anatomy

• look it up in your text book
• Hollow organs
• Solid organs
Solid organs

- Liver
- Spleen
- Kidneys
- Pancreas
Hollow Organs

- Stomach
- Intestines
- Bladder
Which quadrant is it in?

- stomach
- liver
- spleen
- intestine
Which quadrant is it in?

- kidney
- bladder
- appendix
Injuries of the Abdomen

- Closed injury (blunt)
- Open injury (penetrating)
Signs & Symptoms

• Mechanism
• Pain - pain upon palpation
• Tachycardia
• Shock
• Bruising
• Distended or rigid abdomen
• Nausea & vomiting
The Physical Exam

- Determine type of injury
- Observe for distention
- Palpate (TRPGR)
- Check all 4 quadrants
- Start away from pain
Treatment of all abdominal injuries

- High flow O₂
- Keep airway clear
- Treat for shock prn
- No oral fluids
- Rapid transport
- Supine / shock
Care for Penetrating Injuries

- Check for exit wounds.
- Dry sterile dressing
- Bulky dressing for impaled object
Abdominal Evisceration

- Internal organs or fat protrude through the open wound.
- Never try to replace organs.
- Cover with moist gauze, then sterile dressing.
- Keep organs warm and moist.
- Transport promptly.
the end