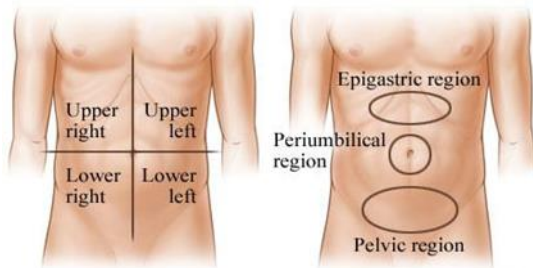


Geriatric Pain Management Guide: Abdominal Pain

Definition: Sudden, abrupt onset of abdominal pain that may or may not be associated with nausea and vomiting. Onset of a constant dull or aching abdominal pain often signifies acute illness and is associated with an atypical presentation.

Potential Causes	Conditions	Key Signs and Symptoms	Management
Common	Ulcer Pain	Epigastric; worse on empty stomach	Offer dry crackers or antacid if ordered; position upright for meals
	Gastroenteritis	Epigastric pain, often associated with nausea, vomiting, diarrhea	Clear liquids, give meds for nausea or vomiting as prescribed
	Gas Pain/ Gastroparesis	Associated with bloating; sometimes associated with nausea/vomiting (N/V)	Position lying on left side, encourage ambulation or in chair to increase flatulence
	Constipation	Decreased or no bowel movement x 3 days; or hard, dry and painful bowel movements	Increase fluids and fresh vegetables, administer stool softeners or laxatives as prescribed
	Ileus	Absent bowel sounds	NPO, notify provider, x-rays or hospitalization may be required
	Hemorrhoids	Bright red blood in stool	Anti-hemorrhoid cream, avoid straining, stool softener
	Kidney Stones	Severe pain on either side of back and abdomen, pain may fluctuate, bloody urine, N/V	Notify provider, may need urine specimen, drink water unless provider requests NPO, see emergency care if severe pain continues
	Gallbladder	Right upper quadrant pain radiating to back, may have N/V and febrile	Initially, sips of fluids; may need to treat temp if infection, relieve pain, may require hospitalization if infection
Uncommon	Mesenteric Infarct	Severe, unrelenting pain not associated with food intake	NPO, notify provider or seek emergency care
	Crohn's Disease, Colitis	Pain associated with bloody diarrhea	Medications as prescribed, may require hospitalization
Emergency	Appendicitis	Right lower quadrant or periumbilical pain, possible febrile, N/V, can occur in absence of pain	NPO, notify provider and seek emergency care
	Bowel Obstruction	No or minimal bowel movement for 4-5 days; N/V, abdominal distention	NPO, notify provider and seek emergency care
	Gastrointestinal Bleeding	Bloody or tarry emesis or bowel movements	NPO, notify provider - may need to collect specimen, accurate output



Physical Exam: At minimum, listen to each quadrant for bowel sounds; then palpate the abdomen to determine if there is pain and where it is located. During palpation, feel for masses, swelling, or other abnormalities. Ask if pain is worse when pressing in or letting go (rebound tenderness) and include that description when reporting to primary care provider.

Initial Nursing Care for Abdominal Pain:

Initial nursing care starts with a thorough assessment. If a patient has orders for symptomatic treatment for specific symptoms, initiate those treatments or administer medicines. Frequently, initial treatments will be to keep patient NPO or hold tube feedings. Positioning may be helpful – Sim’s or modified Sim’s position (turned on left or right lateral position and/or with or without bottom one leg bent up towards chest). Report symptoms to the primary care provider if not resolved in a reasonable time frame.

Communication: (SBAR to Provider)

- **Situation:** What is occurring at the present time? Describe acute abdominal problem, specific symptoms such as presence of nausea or vomiting, last bowel movement, degree of pain, exact location, when the pain started, what you have initiated so far, has it changed?
- **Background:** What led up to this situation? Food intake (i.e., spicy) or lack of food, medications - particularly anything new, previous history of a similar event,
- **Assessment or Appearance:** Report physical exam results, vitals. If there was emesis or bowel movement, describe. If appropriate, ask the older adult what they feel is occurring.
- **Recommend/Request:** What do you think should be done to correct the problem? Medications, lab work or imaging, additional testing and or monitoring?

Typical Treatments/Medications:

NPO or holding enteral feedings may be indicated; use of antacids, pain medications may be necessary, however, pain medications often contribute to the cause of abdominal pain including constipation. Positioning is a safe non-drug therapy that often helps short term. Constipation is improved by increasing mobility along with increased fluids and roughage in the diet. Opioids require a bowel regimen upon initiation of the medication.

Discussion:

Older adults with acute abdominal pain are at high risk for serious illness and require prompt skillful assessment, evaluation and treatment. Older adults often present with atypical signs and symptoms in comparison to other adult age groups. Medications and lack of normal physiologic responses (acute symptoms, fever or tachycardia may be absent despite infection or dehydration). Cognitive impairment and sensory deficits make exams more difficult. Multimorbidities may confuse or hide the appearance of symptoms. Accurate and timely assessment and communication is essential to assist the provider in determining the appropriate action.

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References:

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