

The image shows two EMTs in an ambulance. One EMT on the left is wearing a stethoscope and gloves, looking down at a patient. The other EMT on the right is wearing glasses and gloves, also looking at the patient. The patient is lying on a stretcher, covered with a light blue blanket. The ambulance interior has windows with the name 'BRADY' visible. The text 'TRANSITION SERIES' is at the top left, 'TOPICS FOR THE EMT' is in large orange letters across the top, and 'TOPIC 19' is in large white letters on the left side. The title 'Abdominal Emergencies and Gastrointestinal Bleeding' is at the bottom left. The logos 'ALWAYS LEARNING' and 'PEARSON' are at the bottom.

TRANSITION SERIES

# TOPICS FOR THE EMT

TOPIC 19

Abdominal Emergencies and  
Gastrointestinal Bleeding



# Objectives

- Review the frequency with which abdominal and GI bleeding occur.
- Discuss the types of abdominal organs.
- Identify the types of abdominal pain.
- Integrate the type of pain with the organ involved to determine emergency type.
- Discuss treatment strategies.

A background image showing medical professionals in a clinical setting, possibly an operating room or emergency department. One person is wearing a surgical cap and mask, and another is wearing glasses. The image is faded and serves as a backdrop for the title.


# Introduction

- Abdominal pain is a fairly common complaint.
- It may present as initial or related condition.
- The severity of abdominal pain may be benign, or severe enough to warrant surgery.



# Epidemiology

- 10% of all hospital visits relate to abdominal pain.
- Over 100 different causes of abdominal pain cited in texts.
- GI bleeding occurs in about 100 per 100,000 of the population.

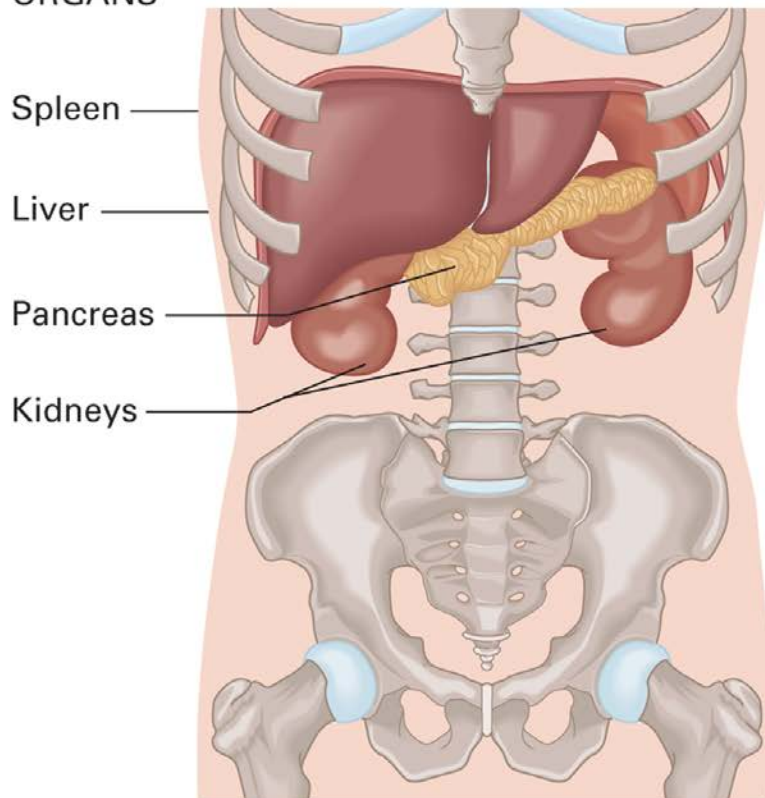
A background image showing two medical professionals, one wearing a stethoscope and the other wearing glasses, looking down at a patient in a clinical setting.

# Pathophysiology

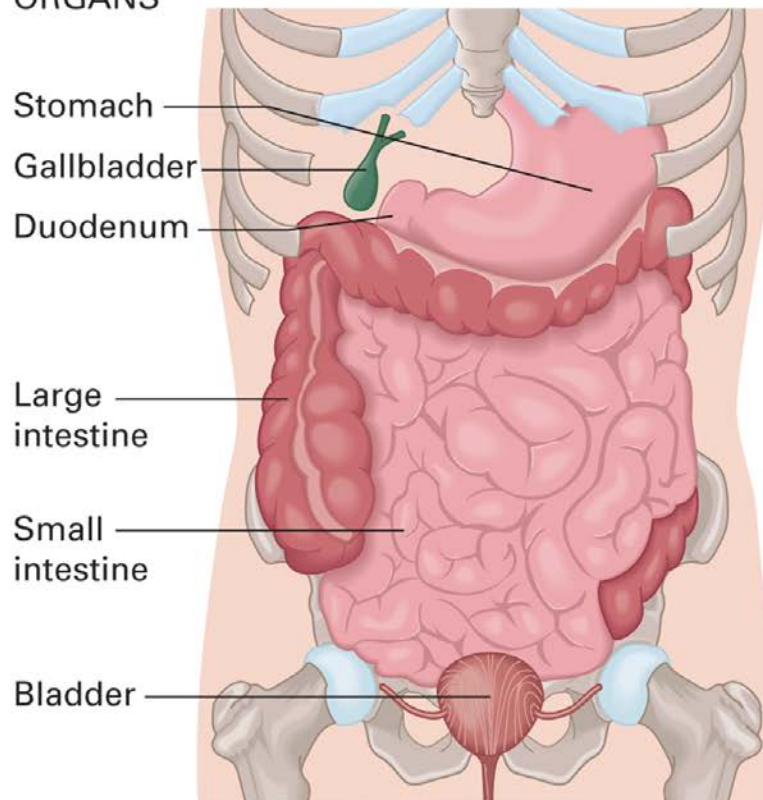
- Three types of organs that can contribute to abdominal pain
  - Hollow
  - Solid
  - Vascular


**Figure 19-1** Organs in the abdominal cavity.

**SOLID  
ORGANS**



**HOLLOW  
ORGANS**

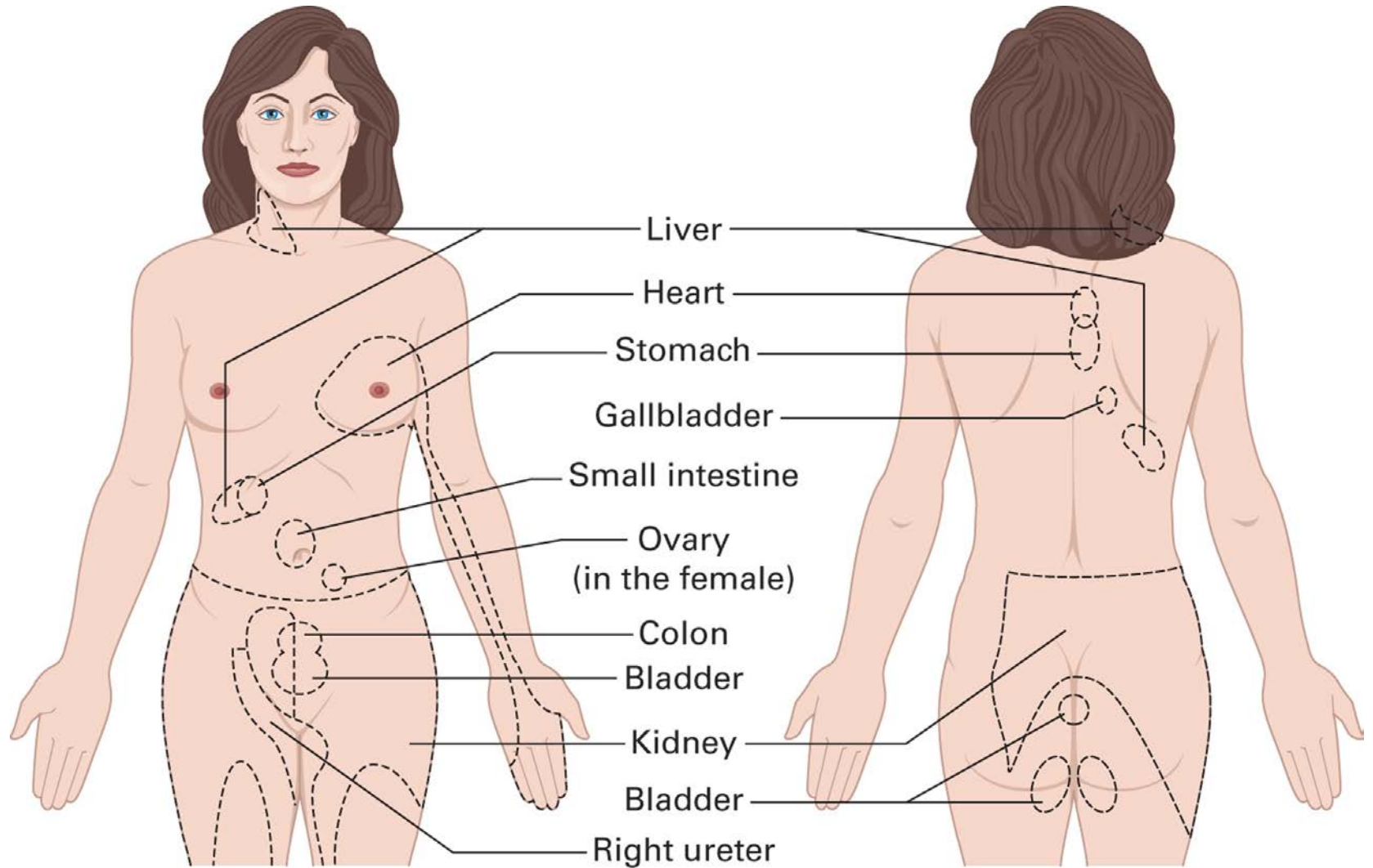


A background image showing two medical professionals, one wearing a stethoscope and the other wearing glasses, looking down at a patient in a clinical setting.


# Pathophysiology

- Types of abdominal pain
  - Visceral
  - Parietal
  - Referred

**Figure 19-2** Sites of referred pain. The lines point to locations where pain may be felt when there is disease of or injury to the named organ.









# Pathophysiology

- Causes of abdominal pain
  - Distention
  - Inflammation
  - Ischemia



# Pathophysiology

- Conditions causing acute abdominal pain
  - Gastrointestinal bleeding
  - Peritonitis
  - Appendicitis
  - Pancreatitis
  - Cholecystitis
  - Esophageal varices



# Pathophysiology

- Conditions causing acute abdominal pain
  - Gastroenteritis
  - Ulcers
  - Intestinal obstruction
  - Hernia
  - Abdominal aortic aneurysm
  - Vomiting, diarrhea, constipation

# Assessment Findings

- General considerations
  - All pain >6 hrs in duration should be treated as a life-threatening condition
  - Initial assessment should focus on quality of basic bodily functions (ABCs)
  - Patient may be in “guarded” position

**Figure 19-4** A patient with acute abdominal pain may be found in a guarded position.



# Assessment Findings

- General signs and symptoms
  - Pain or tenderness
  - Tachypnea and tachycardia
  - Nausea, vomiting, diarrhea
  - Abdominal rigidity or guarding


# Assessment Findings

- General signs and symptoms
  - Distended abdomen or pulsating mass
  - Fever, chills, belching, flatulence
  - Changes in bowel or bladder
  - Other clinical findings of shock

# Emergency Medical Care

- Keep airway patent
- Place patient in position of comfort
- Administer oxygen based on need
- Never give anything by mouth
- Calm and reassure the patient
- Treat for shock if present
- Initiate quick and efficient transport






# Case Study

You respond to the home of a 54-year-old male patient complaining of abdominal pain. Upon your arrival, you are escorted to the patient's bathroom where you find him lying in a fetal position on the bathroom floor with a large amount of coffee ground emesis in the toilet.

# Case Study

- Scene Size-Up
  - Standard precautions taken
  - Scene is safe, no sign of struggle
  - Adult male patient, 180 pounds
  - NOI is abdominal pain with vomiting; patient has “burning” abdominal pain
  - Patient will need to be removed from small bathroom before a thorough exam can be performed




# Case Study

- What are some concerns you have at this time?
- What would be a couple of reasons for “burning” abdominal pain?
- What clue does the coffee-ground emesis provide?


# Case Study

- Primary Assessment Findings
  - Patient responds to verbal stimuli, then drifts off to sleep again
  - Airway clear and breathing is tachypneic
  - Peripheral pulse is hard to find, but carotid is present and fast
  - Skin is cool, pale, and diaphoretic
  - No indication of significant trauma




# Case Study

- Is this patient a high or low priority? Why?
- Based on the primary survey, what emergency care would be warranted at this time?
- Based on scene size-up and primary assessment findings, what could be a possible condition the patient is experiencing?




# Case Study

- Medical History
  - Patient has extensive history of gastric ulcers from his “stressful lifestyle”
- Medications
  - Patient normally self medicates with Tums or Pepto-Bismol for pain; he also has Pepcid he takes occasionally
- Allergies
  - None per the patient



# Case Study


- Pertinent Secondary Assessment Findings
  - Sharp and burning abdominal pain, rated as “9”
  - Airway and breathing adequate, still no peripheral pulses
  - Breath sounds present bilaterally, pulse ox not reading



# Case Study


- Pertinent Secondary Assessment Findings
  - Abdomen guarded
  - No changes to bladder, patient does admit to “passing some blood” in the stool as well
  - Skin cool, moist, pale, capillary refill slow
  - B/P 78/60, heart rate 118, respirations 22
  - No other findings contributory to presentation






# Case Study

- With this information, has your field impression changed at all?
- What would be the next steps in management you would provide to the patient?
- Is this a patient that ALS should be summoned for?



# Case Study

- Care provided:
  - Lateral positioning for the airway
  - Supine placement to help with blood pressure
  - High-flow oxygen via nonrebreather mask
  - Knees will likely be drawn toward chest
  - Rapid transport with ALS intercept



# Case Study

- In a patient with this field impression, discuss the presence of the following findings:
  - Coffee-ground emesis
  - Burning abdominal pain
  - Changes in the mental status
  - Low blood pressure and tachycardia



# Summary

- Abdominal pain is a common prehospital emergency.
- Pain lasting greater than 6 hours should be considered a life-threatening condition.
- By recognizing the type of pain, and relating it to the etiology and location of the pain, a reliable field impression can be made.