

Assessment and Emergency Care of Gastrointestinal and Urologic Emergencies

Scene Size-up

Scene Safety	Ensure scene safety and safe access to the patient. Standard precautions should include a minimum of gloves and eye protection if there is vomiting. Consider a gown and shoe covers if other bodily fluids are involved. Determine the number of patients. Assess the need for additional or specialized medical resources.
Mechanism of Injury (MOI)/ Nature of Illness (NOI)	Determine the NOI. Interview the patient, family, and/or bystanders to ensure there is not a traumatic cause (mechanism of injury) for the abdominal pain.

Primary Assessment

Form a General Impression	Inquire about the chief complaint and observe the patient's overall body position (are the patient's knees drawn up?). Observe the work of breathing and circulation. Determine the level of consciousness using the AVPU scale. Identify immediate threats to life. Determine priority of care based on the NOI. If the patient has a poor general impression, call for ALS assistance. A rapid SCAN will help you identify and manage life threats.
Airway and Breathing	Ensure the airway is open, clear, and self-maintained. Evaluate the patient's ventilatory status for rate and depth of breathing, respiratory effort, and tidal volume. Administer high-flow oxygen at 15 L/min, providing ventilatory support as needed. Hypoxia may cause changes in the patient's mental state. If vomiting is a possibility, place the patient in the recovery position if no spinal injury is suspected.
Circulation	Observe skin color, temperature, and condition; look for life-threatening bleeding and treat accordingly. Evaluate the distal pulse rate, quality (strength), and rhythm. Inquire about bloody vomitus or stool.
Transport Decision	If the patient has an airway or breathing problem, signs and symptoms of bleeding, or other life threats, treat the patient immediately and transport, performing the secondary assessment en route to the hospital.

NOTE: The order of the steps in this section differs depending on whether the patient is conscious or unconscious. The following order is for a conscious patient. For an unconscious patient, perform a primary assessment, perform a full-body scan, obtain vital signs, and obtain the past medical history from a family member, bystander, or emergency medical identification device.

History Taking

Investigate Chief Complaint	Investigate the chief complaint. Monitor the patient for changes in mental status. Ask OPQRST and SAMPLE questions. SAMPLE can also be obtained from family, bystanders, and medical alert tags. Inquire about associated symptoms of an acute abdomen or urologic emergency. Remember that a cardiac event can present as perceived abdominal pain by the patient. With female patients, inquire about the last menstrual period and the possibility of pregnancy.
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Secondary Assessment

Physical Examinations

Perform a systematic physical examination or a focused examination. Advise the patient of your assessment actions prior to performing any examination. When assessing the abdomen, remember to perform the examination in this specific order: look (for abnormalities), listen (to bowel sounds), and feel (for pain with light palpation or rebound tenderness). Abdominal pain that is referred to the shoulder could be a sign of internal bleeding. Do not delay transport to perform the physical examination at the scene.

Vital Signs

Obtain baseline vital signs as soon as practical. Vital signs should include blood pressure by auscultation, pulse rate and quality, respiration rate and quality, pupils, and skin assessment for perfusion. Note the patient's level of consciousness. Use pulse oximetry, if available, to assess the patient's perfusion status.

Reassessment

Interventions

Repeat the primary assessment, vital signs, and confirm the chief complaint. Treat for shock and provide emotional support. Assist breathing as required, administering high-flow oxygen. Place the patient in a position of comfort.

Communication and Documentation

Contact medical control/receiving hospital with a radio report; many hospitals require additional personnel and a separate treatment area. Include a thorough description of the NOI and the position the patient was found in. Include treatments performed and patient response. Be sure to document the patient's distress, answers to your questions, and any changes in patient status and the time. Follow local protocols. Document the reasoning for your treatment and the patient's response.

NOTE: Although the following steps are widely accepted, be sure to consult and follow your local protocols. Take appropriate standard precautions when treating all patients.

Gastrointestinal and Urologic Emergencies

General Management of Gastrointestinal and Urologic Emergencies

1. Explain to the patient what you are going to do in terms of assessing the abdomen.
2. Establish and maintain a patent airway. Provide oxygen (low-flow reduces nausea). Monitor for vomiting and protect the airway against aspiration.
3. Allow the patient to assume a position of comfort. You will find that most patients want to be supine with their knees drawn up to relax the abdominal muscles, unless there is any trauma, in which case the patient will remain supine and stabilized.
4. Obtain SAMPLE history and vital signs.
5. Palpate the four quadrants of the abdomen gently to determine whether each quadrant is tense (guarded) or soft when palpated.
6. Determine whether the patient can relax the abdominal wall on command.
7. Request ALS support when intravenous fluids or pain management is necessary.