Abdominal Pain in Children – an ED Guideline

The following guidance is based on the local "BIG 6" guideline produced in consultation with Gloucestershire Commissioners and Paediatricians. It is not a substitute for clinical assessment.

Common Causes of abdominal pain by age

Most children will not have a sinister pathology but the differential is broad and varies with age.

< 2 yr	2 to 12	12 to 16
Gastroenteritis	Gastroenteritis	Mesenteric Adenitis
Constipation	Mesenteric Adenitis	Acute appendicitis
Intussusception	Constipation	Menstruation
Infantile Colic	UTI	Testicular Torsion
UTI	Onset of menstruation	Ovarian Torsion
Incarcerated inguinal hernia	Trauma	UTI
Trauma	Testicular Torsion	Pregnancy – beware ectopic!
Pneumonia	Pneumonia	Trauma
DKA	DKA	Pneumonia
	Psychogenic	DKA
		Psychogenic

General rules

- Give analgesia and be a nice doctor!
- Don't ignore abnormal physiology or a high PEWS score (NB PEWS may be abnormal due to pain/fear etc. so give analgesia and reassess)
- Collect a urine sample in ALL children + test for pregnancy if of child bearing age
- Don't ignore signs of peritonism (see below)
- Discuss all males with testicle pain with an Urologist
- Ask a senior ED Doctor if you are unsure

Signs of peritonism

- Refusal/inability to walk
- Slow or stooped walk
- Pain on coughing/jolting/percussion
- Lying motionless
- Abdominal distension
- Guarding or rigidity
- Associated fever or tachycardia

Traffic Light Features

If the diagnosis is not obvious then your decision making may be aided by using the following traffic light system.

	Green	Amber	Red
Activity	Active/responds to social clues		Drowsy/no response to social clues
Respiratory	Resp Rate: Infant 40-60 Toddler 30-50 Pre-school 20-40 School Age 20-30		Resp rate > 60 $Sp0_2$ <92%
Circulation and hydration	Pulse: Infant 120-170 Toddler 80-110 Pre-school 70-110 School age 70-110	CRT 2-3 seconds	Signs of shock CRT > 3 seconds Cool/mottled peripheries
Other		Fever Abdominal distension Sexually active/late period Abdominal mass Localised pain Jaundice	Signs of peritonism Bile stained vomiting Blood stained vomit "Red currant jelly" stool Trauma Testicular pain Severe pain

If all **green**: Manage at home with safety net advice and advice sheet

Discuss symptoms and signs to look for with parents/carer

If any **amber**: Discuss with senior ED doctor

If abnormal physiology then give analgesia and reassess - if persistently abnormal = RED

Consider ectopic pregnancy and PID in sexually active females

If any **red**: Involve a senior ED doctor early

Consider moving child to RESUS

May need IV access and 20ml/kg if signs of shock

Early involvement of Paediatric and Surgical Teams – especially if considering Intussusception/Volvulus/Trauma

If suspected Torsion involve Urology ASAP