Diagnosis and Management

Seldom is there 100% certainty when diagnosing the cause of abdominal pain — unless the history, physical examination and diagnostic testing all confirm a specific disease process. Certainty is often clouded by comorbid issues or the inability to complete certain diagnostic tests due to the limitations of typical clinical offices.

Thus, when it comes to abdominal pain, you need to be comfortable with being uncomfortable about diagnostic certainties. If you have any lingering doubt whether a presentation is a medical or surgical emergency, send the patient to an emergency department immediately.

Red Flags

Always look for life-threatening issues first. These include airway, breathing and circulation deficits. If the patient appears medically or surgically unstable, call an ambulance to take him or her to the nearest emergency department. If you do not have admitting privileges, contact your collaborating or supervising physician to inform him or her that you sent the patient to the emergency department.

Other red flags that are important to recognize in patients who have abdominal pain are shown in Table 5. These may be indicative of a serious pathology and require immediate attention. Also recognize that the farther the pain localizes from the umbilicus (peripheral regions of the abdomen and pelvis), the greater chance of serious pathology and require immediate attention.

Returning to ‘Mary’

Returning to the patient discussed at the start of this article, a review of the brief history Mary provided can reveal important clues. First, she is 44 years old and a woman. Common causes of abdominal pain (Table 2) in someone of her age and sex include cholecystitis (gallstones) and ectopic pregnancy.

A common mnemonic for the most common presentation for gallstones is known as the five F’s: “female, fat, fair, forty and fertile.” We do not have information about Mary’s weight or skin complexion, but she is female, 44 and most likely fertile. Thus, both differential diagnoses are possible based on the information we have.

Next, note that Mary has experienced abdominal pain for several days, no bowel movement for 2 days, and nausea and vomiting this morning. Unfortunately we do not have much information about the location, type, chronology, frequency, intensity and aggravating or alleviating factors associated with her pain (Table 1). It would be important to ask for more details during the discussion of symptoms as well as the review of systems. Mary’s symptoms of nausea and vomiting, as well as the lack of bowel movement, could be associated with cholecystitis or ectopic pregnancy or several other diagnoses.

Developing a broad list of differential diagnoses is important at the outset to ensure that potential causes are not left out. Later, you can disregard those that don’t fit into the appropriate category as more clues and data surface.

The fact that Mary has had surgery in the past provides a clue to the possibility of adhesions being a factor in her current complaint. Finally, she has a history of hyperlipidemia, hypertension and type 2 diabetes, all treated with lifestyle changes. The last time she was in your office was 8 months ago for a sinus infection. These comorbid factors may be under control, or they may be in disarray. Having this data would provide valuable clues to potential causes of Mary’s abdominal pain.

Putting It Into Practice

It is important to recognize that even with a minimal amount of information about a patient’s complaint, you can start to develop differential diagnoses to guide you in evaluating potential causes of abdominal pain. By asking further pertinent questions and factoring in the results of the physical examination (Table 3), you can make a sound judgment about the possible cause of the patient’s abdominal pain and provide the correct management and treatment.

Reasonable diagnostic certainty is attainable with careful questioning focused on pain symptoms as well as the patient’s social, medical and surgical histories, in combination with a quick but thorough physical examination. For each patient who presents with acute abdominal pain, follow the same steps to gather the history and perform the physical examination. By examining each abdomen in the same way, there is less chance that something will be missed.

How to Obtain Contact Hours by Reading This Article

Instructions: Nurse practitioners may receive 2 contact hours by reading the article noted below and earning a passing score on the accompanying quiz.

To obtain contact hours:
1. Read the article “Evaluation of the Acute Abdomen. Key Issues in Primary Care Settings,” carefully noting the tables and other illustrative materials provided.
2. Read each question, and record your answers on the registration form provided.
3. Fill out the evaluation portion completely. You will not receive CE credit if this section is not completed.
4. Type or print your full name and address in the space provided on the registration form.
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References


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Objectives: The purpose of this article is to educate nurse practitioners about evaluation of the acute abdomen. After reading this article, the nurse practitioner should be able to:
• Discuss the various types and potential causes, the incidence and the etiology of abdominal pain.
• Explain the importance of performing a thorough history and physical examination in patients with abdominal pain.
• Identify special populations that may require additional history and physical examination techniques.
• Discuss diagnostic tests used in patients who have abdominal pain.

Directions: On the registration form, check the box next to the best answer.