

**ACUTE MANAGEMENT OF INFANTS AND CHILDREN WITH
ACUTE ABDOMINAL PAIN**

This PCP relates to

NSW Health PD

*NSW PD2005_384 Children and Infants with Acute
Abdominal Pain- Acute Management*

PCP number

*NSW PD2005_384: PCP 3 Acute management of
infants and children with acute abdominal pain*

Sites where PCP applies	Manning Hospital - Emergency Department (ED)
Target audience	Clinicians in ED where children present with abdominal pain
Description	Basic clinical practice guidelines for the management of acute abdominal pain in paediatric patients.
Subject	Management of acute abdominal pain in paediatric patients
Keywords	Management, acute, abdominal pain, children, infants
Replaces existing PCP	No
Document number and/or name of superseded document/s	

Related Legislation (including OHS legislation), Australian Standards, NSW Health Policy or Circular, other HNEH Documents, Professional Guidelines, Codes of Practice or Ethics:
NSW Health Paediatric Clinical Practice Guidelines

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Summary

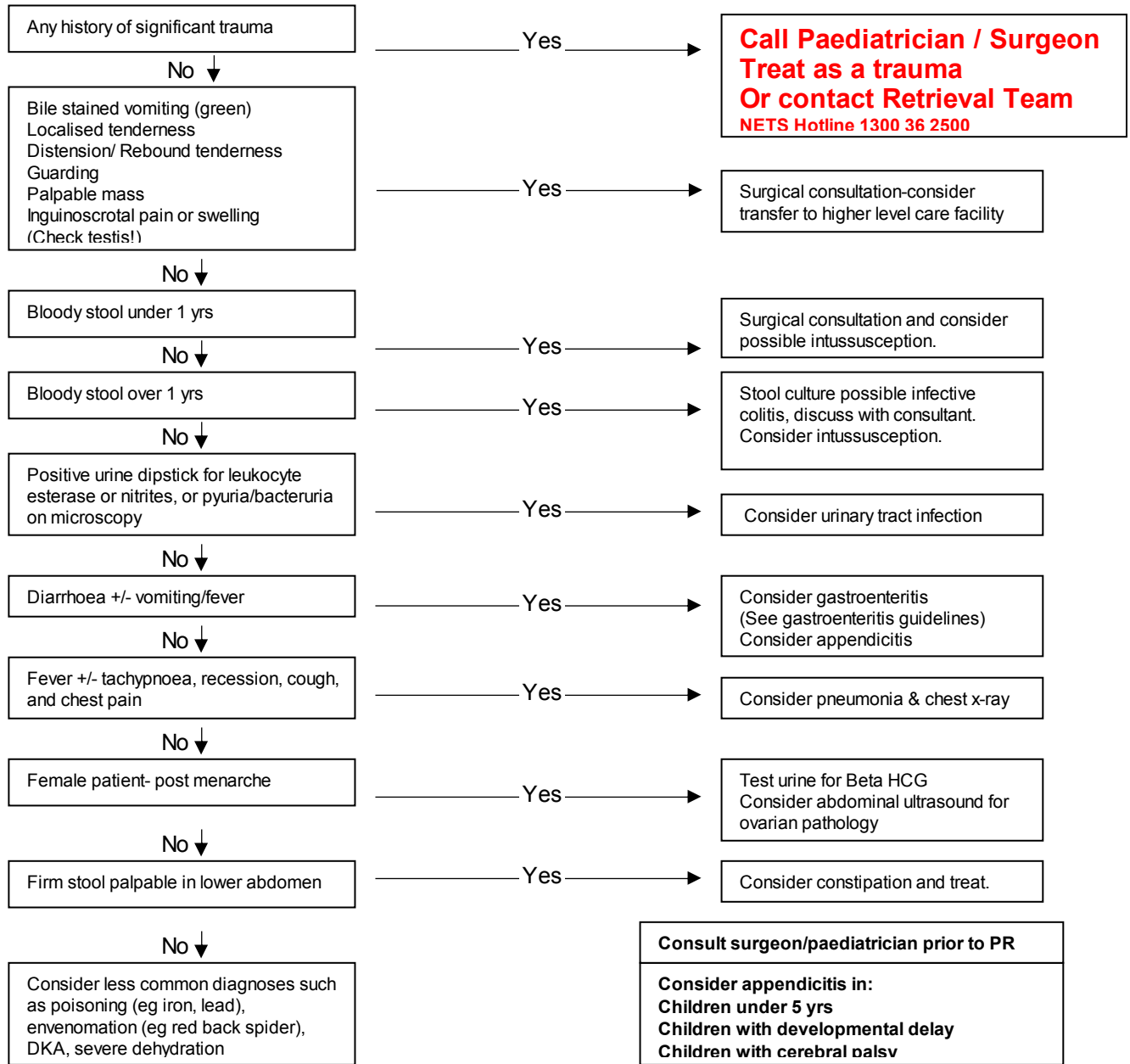
- This PCP Is a clinical pathway for use in the assessment and identification of causes of acute abdominal pain in infants and children
- Assists with the identification of appropriate treatment based on clinical assessment and appropriate and timely referral
- PCP includes relevant fact sheet for parent information.

Distribution:	General Manager, DON, Paediatrician, NUM ED, ED Physician, Director of Medical Services CYP&FCN Stream Leaders
Date PCP authorised:	May 2007
PCP authorised by:	Professor Trish Davidson- Clinical Leader- CYP&FCN
Date of Issue:	May 2007
PCP Review Due Date:	May 2009
TRIM Number:	Pending

INITIAL ASSESSMENT

Remember: ABCD, Primary survey, Check Blood Glucose, Provide analgesia

Please circle 'Yes' or 'No' as appropriate



If in doubt or confused about a child's condition, signs or symptoms: seek senior medical advice.

Patients with abdominal pain may be discharged home if above flow chart has been adhered to and the patient's pain is settling without the use of narcotics. Parent fact sheet must be provided, and the patient should be advised to return if pain reoccurs.

Please tick to certify Parent Fact Sheet given

Medical Officer Name & signature: _____