

CMG 13 – ABDOMINAL EMERGENCIES

(Revised: December 2016)



MEDICAL

ICP	Signs of shock: refer to CMG 14	AP
ICP	Analgesia	AP
ICP	Nil by mouth	AP
ICP	Transport	AP

CAUTION

Consider high risk presentations, including:

- acute coronary syndrome (ACS)
- suspected AAA
- sepsis
- uncontrolled GI haemorrhage
- mesenteric ischaemia
- ectopic pregnancy

TRAUMA (blunt / penetrating)

ICP	Haemorrhage control (consider pelvic splint for low abdominal injury)	AP
ICP	Protruding viscera: <ul style="list-style-type: none"> • do not attempt to replace organs into the abdominal cavity • cover and support with saline-moistened sterile dressings 	AP
ICP	Cover/dress open wounds	AP
ICP	Do not remove an impaled object unless <i>absolutely necessary</i> (i.e. if the object cannot be adequately secured or stabilised for transport)	AP
ICP	Signs of shock: refer to CMG 14	AP
ICP	Analgesia	AP
ICP	Nil by mouth	AP
ICP	Rapid transport	AP
ICP	Consider intragastric tube to facilitate stomach emptying, if appropriate	
ICP	If spinal immobilisation is required – consider flexing patient's knees to reduce pressure on abdomen	AP