Information Needed:

1. Pain: onset, provocation, quality, duration, radiation, intensity (0-10 scale).
2. Associated symptoms: nausea, vomiting, diarrhea, constipation, melena, maroon or bright red blood per rectum, urinary difficulties, fever, back pain.
3. History: previous trauma, abnormal ingestion, known diseases, surgery, possibility of pregnancy, menstrual history.
4. Physical findings: abdominal tenderness, guarding, rebound tenderness, rigidity, distension.

Treatment:

1. Position of comfort.
2. Nothing by mouth.
3. Vital Signs (pulse, blood pressure, respirations, SPO2, ECG).
4. Abdominal exam.
5. If time allows, perform 12 lead ECG.
6. If stable:
    a. Administer O_2 moderate flow.
    b. Establish venous access and draw blood.
    c. Consider pain control and antiemetic.
    d. Consider orthostatic vital signs.
7. If unstable:
    a. Administer O_2 high flow.
    b. Establish venous access, draw blood and give fluid bolus(es).
    c. Consider pain control and antiemetic.
    d. Consult medical control for additional fluid boluses

Notes:

1. Abdominal pain may be the first warning of catastrophic internal bleeding.

2. Ischemic cardiac pain can present as abdominal pain, especially in older patients.