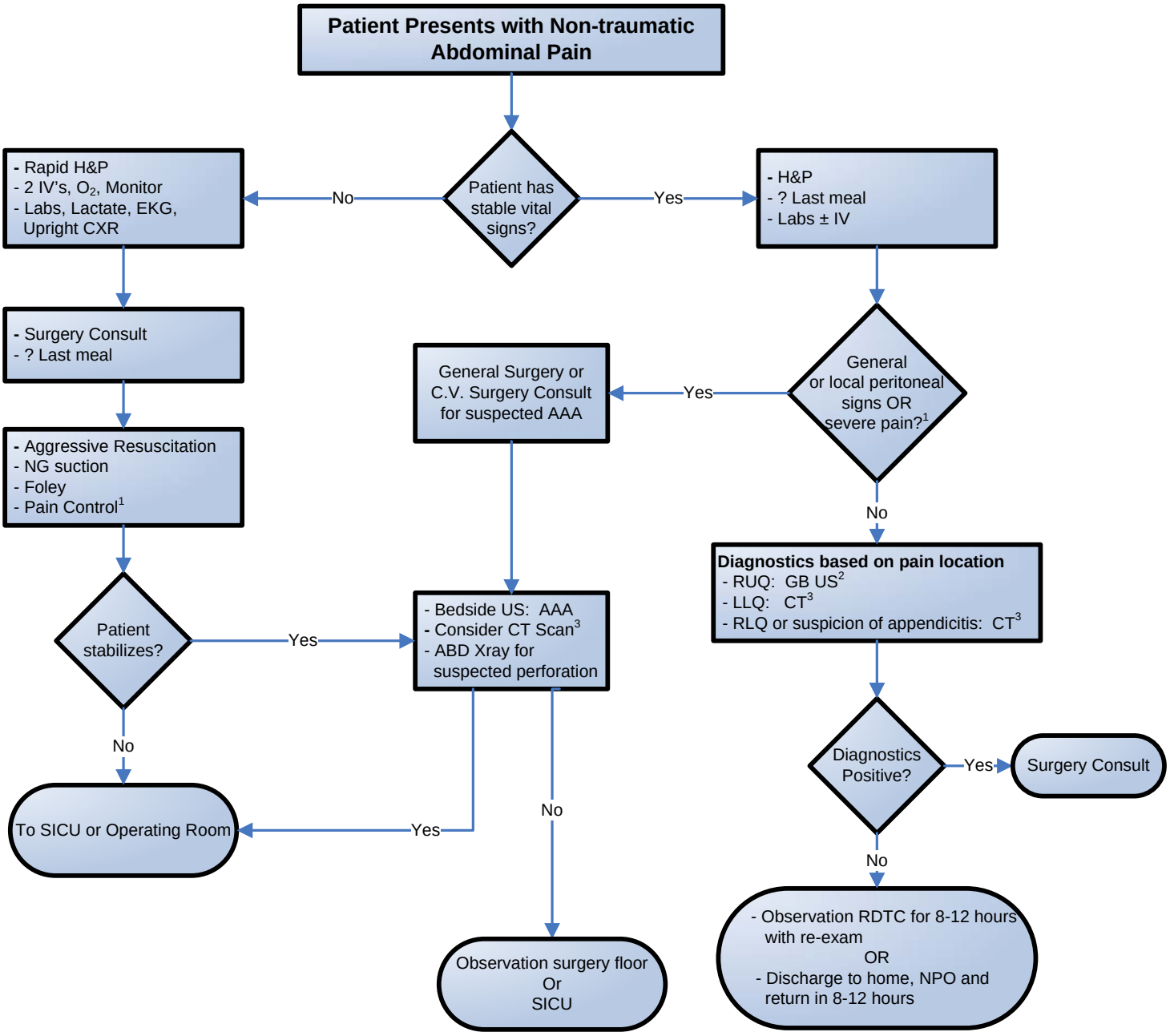
EmergencyKT: Abdominal Pain



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1. Pain Management

Acute abdominal pain (adult patients with abdominal pain<48h) should receive narcotic medication unless a contraindication is present (pregnant, >48h pain, patient not requesting pain medication, unstable, prior self-medication with narcotics) after attending EM physician examination. A maximum total of 5 mg of morphine sulfate IVP (or narcotic equivalent) over an hour would be recommended.

Acute abdominal pain necessitating 2 or more infusions of narcotics should have a surgical consultation due to the higher nature of a surgical etiology of pain.

2. Suspected Gallbladder Disease

During weekdays, the gallbladder ultrasound should be performed in radiology. An educational ultrasound can be performed in the ED, but it is not the formal test. At night and on weekends, the ultrasound is performed in the ED. If the off hour ED ultrasound is positive for stones only, a formal ultrasound is scheduled in Radiology to be done before the follow up visit**. If there are signs of sonographic or clinical signs of cholecystitis, a surgery consult is obtained.**

Ultrasound Criteria for Acute Cholecystitis:

- Sonographic Murphy's sign
- Thickened gallbladder wall (>4mm)
- Enlarged gallbladder (long axis diameter > 8cm, short axis diameter >4cm)
- Incarcerated gallstone, debris echo, pericholecystic fluid
- Sonolucent layer in gallbladder wall, striated intramural lucencies, and Doppler signals

Clinical Criteria for Acute Cholecystitis (Tokyo Consensus 2006)

At least one criteria in each must be present (a local sign of inflammation and a systemic sign of infection)

A. Local signs of inflammation (to include):
   1. Murphy's sign
   2. RUQ mass, pain, or tenderness

B. Systemic signs of infection(to include):
   1. Fever >101.5)
   2. Leukocytosis (>10,000/mm^3)
   3. Elevated CRP

However, a surgical consult is always available regardless of criteria if the evaluating emergency attending so desires.

3. Oral Contrast Protocol

a. The default CT oral contrast material preparation time for a CT abdomen and pelvis exam of a nonpregnant adult Emergency Department patient with nontraumatic, nonspecific abdominal pain will be 1 hour as follows:
   i. The target scan time will be at least 1 hour following the first ingestion / administration of oral contrast material.
   ii. The standard oral contrast dose will be 25 mL Omnipaque 350 diluted in 710 mL water; 710 mL of another clear noncarbonated beverage may be substituted in place of water at the discretion of the referring physician and the CT technologist.
   iii. The oral contrast dose must be ingested / administered evenly over the preparation period, with ingestion / administration of approximately 250 mL (one cup) just prior to scanning.
   iv. Deviations or additions to the standard protocol, such as greater preparation time or the addition of rectal contrast, will be at the discretion of the referring physician and the CT technologist. Questions regarding appropriate modifications to the standard protocol should be referred to the radiologist.

b. CT oral contrast material may be omitted in the setting of clinically and radiographically suspected high-grade small bowel obstruction, at the discretion of the referring physician.

c. Other tailored CT exams for specific indications remain unchanged (i.e. aortic dissection, GU stone disease, etc.)

d. This proposal does not address the CT protocols as they apply to other patient groups, i.e. inpatients.