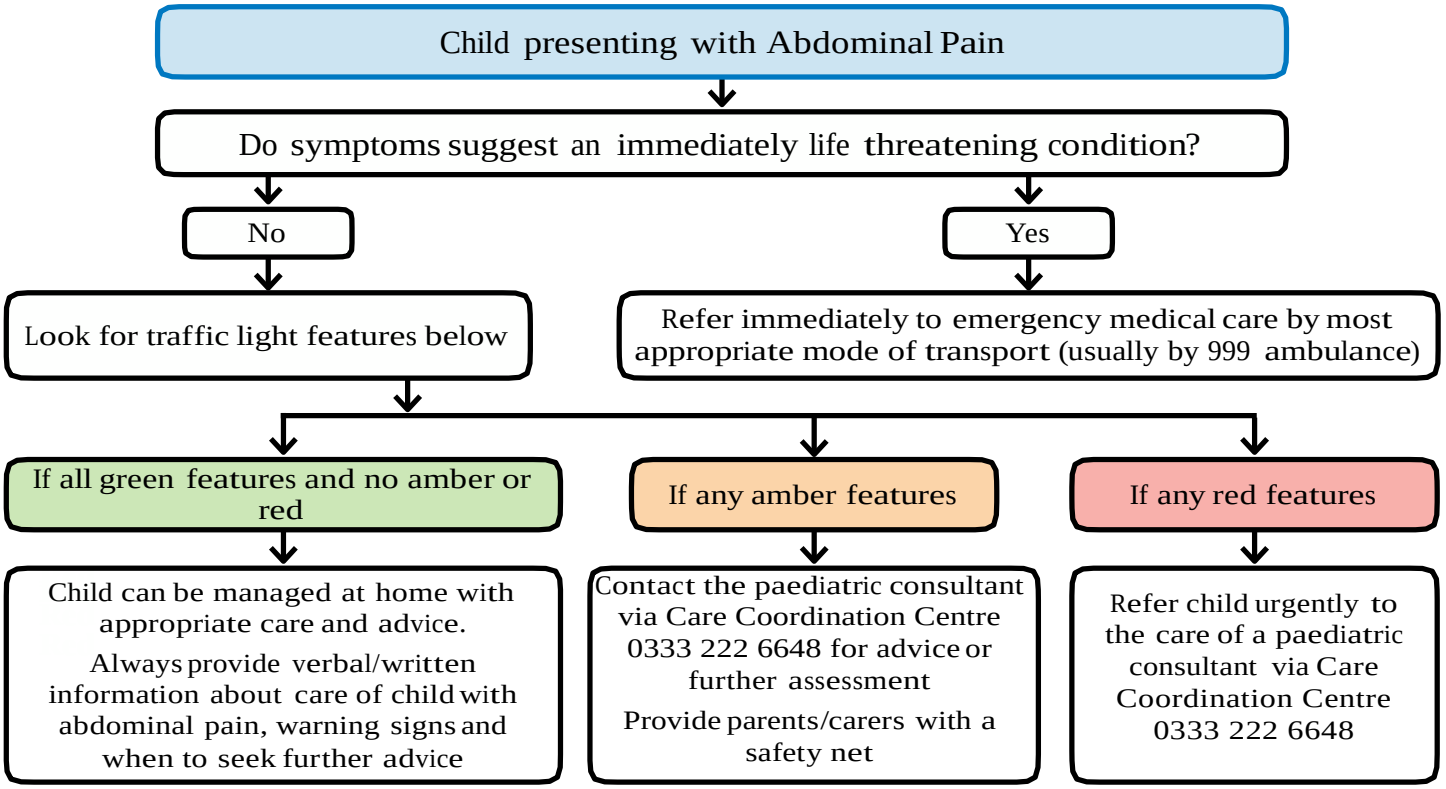
Clinical Assessment Tool

Abdominal Pain



	Green	Amber	Red
Activity	Active/responds normally to social cues		Drowsy/ no response to social cues
Respiratory	Respiratory Rate Normal (RR) Infant 40 Toddler 35 Pre-school 31 School age 27 Sats 95%		Respiratory rate > 60/minute Sats < 92%
Circulation and hydration	CRT < 2 seconds Heart rate normal Infant 120-170 Toddler 80-110 Pre-school 70-110 School age 70-110	CRT 2-3 seconds	CRT > 3 seconds
Other		Fever (see separate guide) Abdominal distension Sexually active/missed period Palpable abdominal mass Localised pain Jaundice	Abdominal guarding/rigidity Bile (green) stained vomit Blood stained vomit "Red currant jelly" stool Trauma associated Acute testicular pain Severe/increasing pain

NB. Broad guidance as differential diagnosis very wide depending on age.

This guidance is written in the following context

This assessment tool was arrived at after careful consideration of the evidence available including but not exclusively use BTS Guidelines and NHS evidence. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. The guidance does not, however, override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Produced by; NHS Shropshire Clinical Commissioning Group and NHS Telford & Wrekin Clinical Commissioning Group
Version 1.July 2019, to be reviewed July 2021

Signs and Symptoms of Specific Illnesses

Common causes of Abdominal Pain by Age

<2yr	2 to 12yr	12 to 16 years
Gastroenteritis	Gastroenteritis	Mesenteric adenitis
Constipation	Mesenteric adenitis	Acute appendicitis
Intussusception	Constipation	Menstruation
Infantile colic	UTI	Mittelschmerz
UTI	Onset of menstruation	Ovarian Cyst Torsion
Incarcerated Inguinal Hernia	Psychogenic	UTI
Trauma	Trauma	Pregnancy
Pneumonia	Pneumonia	Ectopic Pregnancy
Diabetes	Diabetes	Testicular Torsion
		Psychogenic trauma
		Pneumonia
		Diabetes

Diagnosis to be considered	Symptoms and signs in conjunction with abdominal pain
Gastroenteritis	Vomiting Diarrhoea (do not exclude other conditions eg intussusception, pelvic appendicitis, pelvic abscess and inflammatory bowel disease)
Intestinal obstruction eg Intussusception or volvulus	Bile stained vomiting Colicky abdominal pain Absence of normal stolling/flatus Abdominal distension Increased bowel sounds Visible distended loops of bowel Visible peristalsis Scars Swellings at the site of hernial orifices and of the external genitalia Stool containing blood mixed with mucus
Infective diarrhoea	Blood mixed with stools – ask about travel history and recent anti-biotic therapy
Inflammatory bowel disease	Blood in stools
Midgut volvulus (shocked child)	Blood in stools
Henoch schonlein purpura	Blood in stools
Haemolytic uremic syndrome	Blood in stools
Anorexia	Loss of appetite
Lower lobe pneumonia	Fever Cough Tachypnoea Desaturation
Poisoning	Ask about history of possible ingestions and what drugs and other toxic agents are available at home
Irreducible inguinal hernia	Examine inguinoscrotal region

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Torsion of the testis	This is a surgical emergency and if suspected the appropriate surgeon should be consulted immediately
Jaundice	Hepatitis may present with pain due to liver swelling
Urinary Tract Infection	Routine urine analysis for children presenting with abdominal pain
Bites and stings	Ask about possibly bites and stings. Adder envenomation can result in abdominal pain and vomiting.
Peritonitis	refusal/inability to walk slow walk/stooped forward pain on coughing or jolting lying motionless decreased/absent abdominal wall movements with respiration abdominal distention abdominal tenderness – localised/generalised abdominal guarding/rigidity percussion tenderness palpable abdominal mass (see question below) bowel sounds – absent/decreased (peritonitis) associated non-specific signs – tachycardia, fever
Constipation	infrequent bowel activity Foul smelling wind and stools Excessive flatulence Irregular stool texture Passing occasional enormous stools or frequent small pellets Withholding or straining to stop passage of stools Soiling or overflow Abdominal distension Poor appetite Lack of energy Unhappy, angry or irritable mood and general malaise.
If patient is post-menarchal female	Suggest pregnancy test Consider ectopic pregnancy, pelvic inflammatory disease or other STD. Other gynaecological problems Mittelschmerz torsion of the ovary pelvic inflammatory disease imperforate hymen with hydrometrocolpos.
Known congenital or pre-existing condition	Previous abdominal surgery (adhesions) Nephrotic syndrome (primary peritonitis) Mediterranean background (familial mediterranean fever Hereditary spherocytosis (cholethiasis) Cystic fibrosis (meconium ileus equivalent) Cystinuria Porphyria.

When you feel a GP review in a specific time period is clinically appropriate but that falls outside of the 'in hours' GP service please advise your patient/family to call NHS 111 (at an agreed time interval / level of deterioration – depending on your concerns) and advise that there is a 'predetermined plan to speak with an Out of Hours GP'. Please provide your patient / family with a letter detailing your clinical findings and concerns to help the Out of Hours GP assessment.