

## ABDOMINAL PAIN

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Sudden abdominal or belly pain often results from problems that may improve without medical attention.

However several problems can be potentially life threatening and require immediate action.

### **What to Look for**

Belly or abdominal pain can be described by its location, nature, and associated problems.

**Locate the pain.** Different places are associated with specific problems. Although this is often difficult to do, finding out where the pain is may narrow down the problem. For instance, the liver is in the upper right part of the abdomen, the spleen in the upper left section, the stomach more central, and the kidneys in the lower part, the latter often causing pain in the lower back.

The pain may be throughout the belly. This is common in gastroenteritis (stomach flu) with vomiting or diarrhea, as well as with abdominal muscle strain from an injury, hard coughing or constipation.

**Describe the nature of the pain** as steady, sharp, dull, pulsing, pressure, intermittent or crampy. Determine if the pain is getting worse, improving or remaining constant. Describe things that make the pain worse or better.

If the pain is associated with vomiting or diarrhea, determine the appearance, amount, and color of the material, as well as any presence of blood. Blood in the vomit (red or "coffee grounds") implies that there is irritation or ulceration, while bloody stool (red or "black tarry") may result from a tear (fissure) of the rectum, allergy to soy or cow's milk, irritation of the lower bowel or damage to the intestines.

**Appendicitis** causes severe, sharp pain, beginning in the centre of the belly and then moving to the lower right area.

The belly is painful to touch, often hurting more on release after pushing in with your hand. In many children, particularly those under two years, it is difficult to make this diagnosis. A fever with vomiting, nausea and poor appetite is common.

### **When to Consult Your Child's Doctor**

#### **CONSULT IMMEDIATELY IF:**

- If your child is under two years of age
- Severe belly pain or crying lasting over one hour
- Pain comes and goes and lasts over 12 hours.
- Pain in scrotum or testicle.

- Severe pain with marked tenderness when the abdomen is touched, especially when the hand is released, that decreases when your child bends over
- Moderate pain that is getting worse
- Blood in vomit or stool (digested blood looks black and tarry)
- Green (bile-stained) material in vomit
- Recent injury to belly
- Change in mental alertness, rapid or shallow breathing, very sick appearance
- Possible drug or poison ingestion

### **CONSULT AFTERWARDS**

- Pain lasts over 24 hours or localizes to one part of the abdomen
- Fever over 101°F (38.3°C) that lasts for 24 hours
- Signs of dehydration (loss of water) including decreased urination, less moisture in diapers, dry mouth no tears, weight loss, sleepiness or irritability jaundice (yellow skin or eyes)
- Painful, bloody or increased frequency and urgency of urination
- Recurrent pain

### **What You Can Do**

- If your child has none of the symptoms listed under "Consult immediately," watch your child carefully for several hours. During this period, treat any vomiting or diarrhea with the usual, home approaches.
- Give small sips of clear liquids while allowing your child to rest.
- Treat fever. Avoid aspirin, laxatives and other medications not recommended by your doctor. Do not give pain medicines.
- Evaluate your child for change every two hours. If your child does not improve, or worsens during a 12 to 24 hour period call your doctor.

### **Caution**

**Do not delay calling if there has been a rapid onset of severe abdominal pain**

**Bloody or tarry stools require evaluation immediately and watch for dehydration**

**Watch the nature of the pain and the degree of sickness closely; contact your doctor again if either increases.**