Abdominal Pain

Clinical assessment / management tool for children



Management - Paramedic

Clinical findings	Green – low risk	Amber – intermediate risk	Red – high ris
Age	1+	Under 1	
Activity	Content/smiles	No smile	No response
	Stays awake / awakens quickly	Decreased activity / lethargic	Unable to rouse
	Strong normal cry / not crying	Irritable	Weak, high pito
			Severe pain
Skin	Normal skin colour	Pale	Blue, grey or m
	CRT < 2 secs	CRT 2-3 secs	CRT>3 secs
	Warm extremities		Cold hands and
Hydration	Normal heart rate	Normal HR	Tachycardia: H
			>140 3-5 years,
	Normal fontanelle	Sunken fontanelle	
	Normal urine output	Reduced urine output/not passed in 12 hours	No urine outpu
	Moist tongue and conjunctivae	Dry tongue and conjunctivae	
Respiratory	Normal respiratory rate: RR<50 (<1 year), <40 (1-5	Normal respiratory rate: RR<50 (<1 year), <40	Tachypnoea: RI
	years, <25 (6-11 years), <20 (12+)	(1-5 years, <25 (6-11 years), <20 (12+)	years), >25 (6-1
Other		Polyuria, dysuria or urgency	Non blanching
		Reduced appetite	Oedema
		Additional parent/carer concerns	Jaundice
		Pain not settling with analgesia	Dark green (bili
		Waking with pain	Recent injury to
		Pain increased on movement	Testicular pain
		Fever for >5 days	Blood in stool;
			Age 0-3 months v
	Green Action	Amber Action	
	(Only in those 1+ years)	Discuss the case with patient's CB practice	
	Provide Abdo pain safety netting advice via	Discuss the case with patient's GP practice	• Transfer
	text share or by printing onsite	(in hours)	Departm
		and/or	Emergen
	Confirm they are comfortable with the	and/or	If patient
	decisions / advice given	Discuss the case with SCAS clinical	paraceta
	decisions y duvice given	Coordination Centre Clinician	
	Always consider safeguarding issues.		

This writing of this guideline involved extensive consultation with healthcare professionals in Wessex – Review Date – May 2025 This document was arrived at after careful consideration of the evidence available including but not exclusively NICE, SIGN, EBM data and NHS evidence, as applicable. 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 carer.



isk

se or if roused does not stay awake tched or continuous cry

nottled

nd feet in absence of fever HR>160 beats/min <1 year, HR>150 1-2 years, s, >120 6-11 years, >100 >12 years

ut in 24 hours

RR > 50 breaths/min (<1 year), >40 (1-5 -11 years), >20 (12+ years)

hing rash n (bilious) vomiting ury to the abdomen pain :ool; nths with temp ≥38°

Red Action

r immediately to local Emergency ment

ency transfer and Pre alert as necessary

nt is in distress/discomfort - consider

tamol +/- ibuprofen as per JR Calc