Chapter 2

CURRENT EVALUATION OF ACUTE ABDOMINAL PAIN

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INTRODUCTION

Abdominal pain constitutes a large part of the reasons for admission to the emergency department. The approach to abdominal pain is a very important issue because of its frequency, diversity of etiology and negative prognosis.To evaluate this patient group correctly, to make a fast and accurate diagnosis and to apply the correct treatment will greatly contribute to the reduction of morbidity and mortality.Therefore, it is necessary to know the causes and mechanisms of pain. Abdominal pain for less than a week is defined as acute pain and most of the admissions to the emergency department are in this patient group.Anamnesis, physical examination and laboratory examination play an important role in the management of abdominal pain, and imaging methods are often required. The demographic dataof the patients affect the clinical presentation types and the incidence [1].

EMERGENCY RISK ASSESSMENT

Determining the urgency and criticality level of the patient is vital in acute abdominal pain. Criteria such as the patient's old age, very sudden onset of pain, impaired vital signs, and signs of dehydration make the patient more critical. The severity of the pain may not always be associated with poor clinical practice. Presence of acute post-pain shock findings may indicate intraabdominal hemorrhage.But even this does not show any symptoms before the blood volume decreases by 30-40%. Although tachycardia may occur as a sign of volume loss, its absence does not rule out this situation. Although tachypnea may be due to pain and anxiety in patients, it may be a predictor of cardiopulmonary problems and metabolic acidosis.In patients at risk, cardiac monitoring should be applied in the emergency department, wide vascular access should be kept ready, and oxygen and fluid replacement support should be started if necessary. Quickly suggestive

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communication and poor cognitive functions are at high risk. Hospitalization can also be considered for patients whose general condition is poor, clinical improvement cannot be achieved, toxic appearance and without social support. Even if everything seems normal as a result of the laboratory and imaging results, the patient should be warned for a re-admission within 12 hours for increased pain, fever, bleeding and nausea and vomiting. Patients should be informed about drug use and diet. Even if a discharge is planned, the patient and their relatives should know in what case they should apply to the hospital again.

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