

Name _____

MRN _____

Abdo pain

Triage: Date: _____ Time: _____

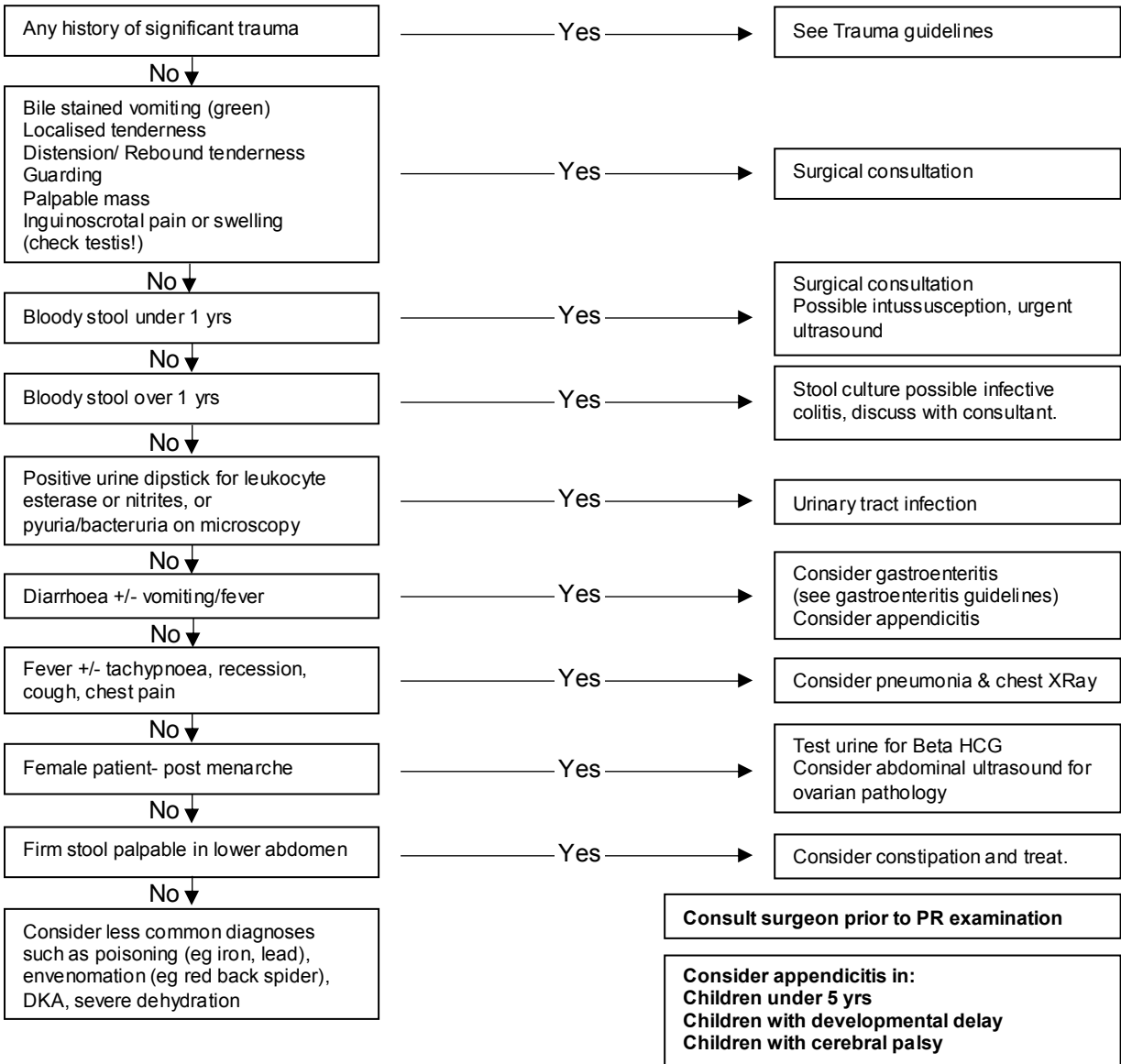
Presenting Problem: _____

Priority: _____ Area: _____ Interpreter Required: _____

Triager Name (print): _____ Triager Name (signature) _____

INITIAL ASSESSMENT

Child with Abdominal pain
 Remember: ABCD
 Primary survey
 Check Blood Glucose
 Provide analgesia



If in doubt or confused about a child's condition, signs or symptoms; seek senior medical advice.

Patients with abdominal pain may be discharged home if above flow chart has been adhered to and the patient's pain is settling without the use of narcotics. Parent fact sheet must be provided, and the patient should be advised to return if pain reoccurs.

Printer Name (print) _____ Doctor Name signature) _____ Date: _____ Time: _____