

Name \_\_\_\_\_

MRN \_\_\_\_\_

**Abdo pain**

Triage: Date: \_\_\_\_\_ Time: \_\_\_\_\_

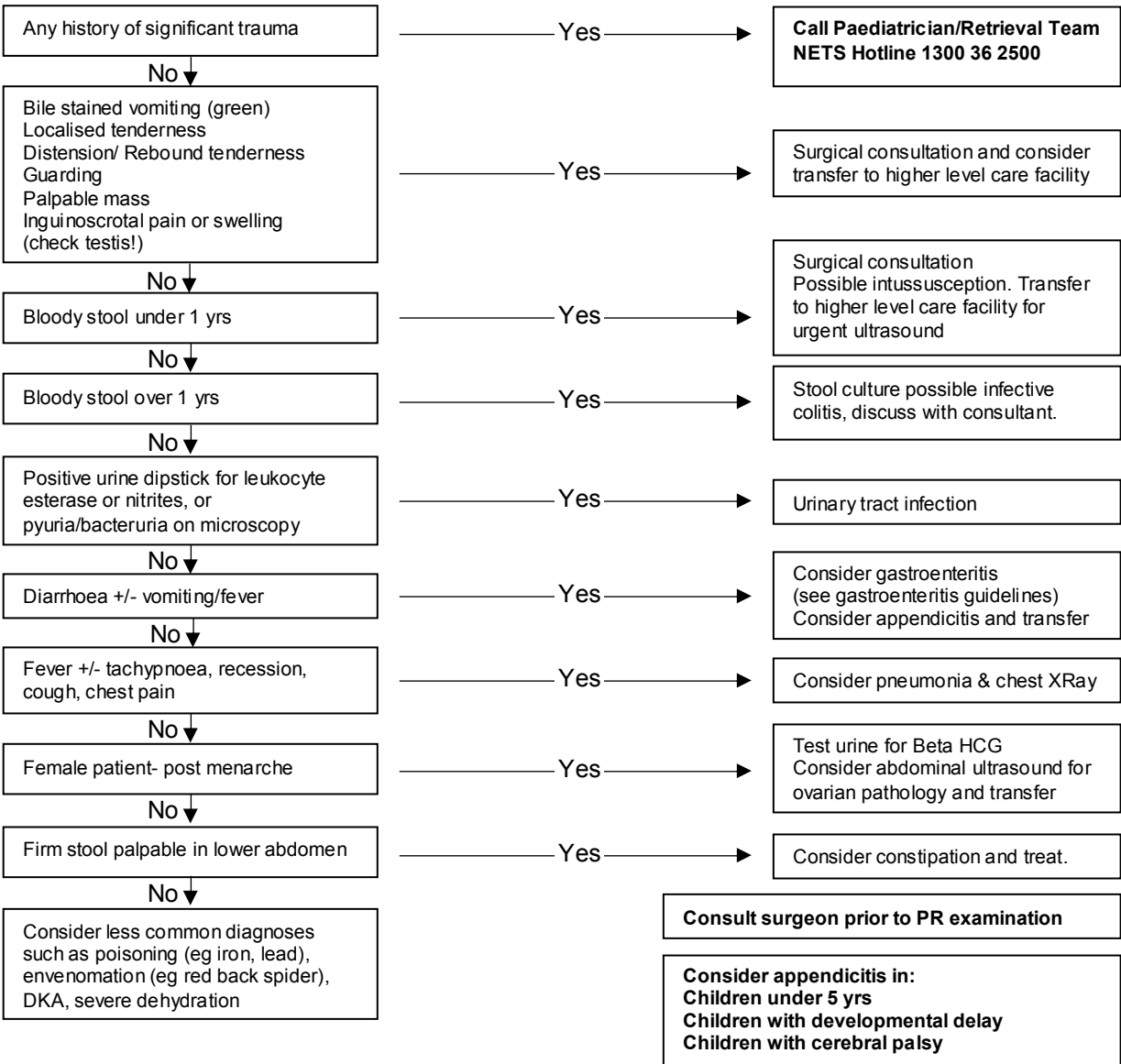
Presenting Problem: \_\_\_\_\_

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



**Consult surgeon prior to PR examination**

**Consider appendicitis in:**  
 Children under 5 yrs  
 Children with developmental delay  
 Children with cerebral palsy

**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.**

Dr Name (print) \_\_\_\_\_ Doctor Name signature) \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_