ACUTE ABDOMEN: CAUSES

MOST URGENT:

1. **PERITONITIS:** inflammation of peritoneum *(membrane lines abd wall and covers most abd organs)*
   - *Most common cause **PERFORATION:** holes in abd organs caused by bowel obstruction, peptic ulcer disease, diverticulitis, or inflammatory bowel disease (ulcerative colitis, Chron's)*
   - *Can quickly kill due to **SHOCK:***
     - ***Septic Shock:** high infection risk from organs and waste*
     - ***Hypovolemic shock:** Peritoneum is a large cavity -- inflammation can move fluids out of (1.) cells and (2.) blood vessels into (3.) a non-functional "3rd space" inside peritoneum*
2. **ABDOMINAL BLEEDING:** dangerous because often not visible
   - *Common causes: Ruptured ectopic pregnancy, trauma, ruptured AAA, bleeding peptic ulcer*

OTHER CAUSES:

- **ISCHEMIC:** *loss of blood flow to bowel, often due to clot (less common)*
- **INFLAMMATORY:** *acute inflammation of gallbladder, pancreas or appendix*
- **GYNECOLOGICAL:** *ovarian cyst or torsion*
- **INFECTION:** *abscess (collection of pus/infected fluid surrounded by inflamed tissue)*
- **UROLOGICAL:** *kidney stones or infection*
- **OTHER:** *Sickle cell crisis or diabetic ketoacidosis*

NURSING ROLE: ASSESSMENT!

- **OUR DECISIONS ARE ONLY AS GOOD AS OUR DATA.**
- A nurse's focused assessment can save a life by getting the right data at the right time to the provider *(to make the right differential diagnosis and treatment plan)*

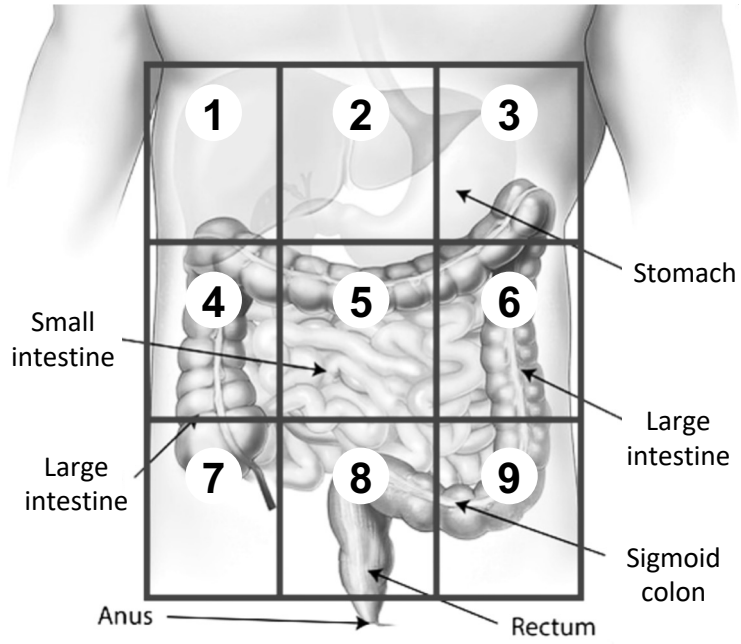
Be thorough: "Think S.O.C.R.A.T.E.S."

- **SITE** *(see next page)*
- **ONSET:** When did it start?
- **CHARACTER:** cramping *(kidney stone or intestinal obstruction)* vs. sudden sharp *(ruptured AAA)*
- **RADIATION:** to a second location of body
- **ASSOCIATED SX:** N/V, fever, shivering, changes in bowel habits, shortness of breath
- **TIMING:** Is pain related to eating? Constant or intermittent?
- **EXACERBATING or ALLEVIATING FACTORS:** What makes it better? What make it worse?
  - *With peritonitis: Any movement hurts, so remain very still, cannot walk*
  - *With kidney stone blockage: Often continuously moving, cannot get comfortable*
- **SEVERITY:** Pain on 10 scale. Pain right now vs. at its worst. Is it generally improving, worsening?

Adapted from Rhesus Medicine. More resources available on their YouTube Channel.

ANATOMY: 9 ABDOMINAL QUADRANTS

1 RUQ liver gallbladder biliary	**2 Epigastric** liver stomach pancreas	**3 LUQ** stomach pancreas spleen
4 R lumbar colon small int. R kidney	**5 Umbilical** colon small int. abd. aorta	**6 L lumbar** colon small int. L kidney
7 RLQ appendix colon R ovary	**8 Suprapubic** bladder uterus	**9 LLQ** colon L ovary



PAIN: CAUSES BY QUADRANT

NOTE: ***Diffuse pain across quadrants*** *may indicate* ***PERITONITIS.***

1 RUQ • Pancreatitis • Hepatitis • Gallbladder stones or inflammation • Liver abscess	**2 Epigastric** • Pancreatitis • Gastric reflux *(GERD)* • Gastritis • Gastric perforation • Peptic ulcer	**3 LUQ** • Pancreatitis • Spleen issues *(rupture, abscess, enlarged)*
4 R lumbar • Kidney stones • Kidney infection *(pyelonephritis)* • Colitis *(UC or Chron's)*	**5 Umbilical** • Small Bowel Obstruc. • Umbilical hernia • Gastroenteritis • Ruptured AAA	**6 L lumbar** • Kidney stones • Kidney infection *(pyelonephritis)* • Colitis *(UC or Chron's)*
7 RLQ • Appendicitis • Colitis *(UC or Chron's)* • Ovary cyst or torsion • Ectopic pregnancy • Hernia	**8 Suprapubic** • Bladder infection *(cystitis)* • Pelvic Inflammatory Dz • Endometriosis • Uterine fibroids	**9 LLQ** • Diverticulitis • Colitis *(UC or Chron's)* • Ovary cyst or torsion • Ectopic pregnancy • Hernia

Adapted from EZmed and Nurse Boss Essentials. More resources available at ezmedlearning.com and nursebossstore.com