HennepinHealthcare

Jail Health Services
Nurse Assessment Tool: Abdominal Pain

Patient Name: | DOB: | Date: | Time:

Interpreter used?: ONo OYes Language: | Interpreter ID Number:

Chief Complaint: | **Has this happened before?:** O N OY:

Trauma to torso?: O N OY, describe:

Pain is now: /10	**Pain at worst:** /10	**When Started:**	OGradual OInsidious OIntermittent OOngoing OSudden OUnclear OUnknown

Location: ODiffuse OLocalized ORUQ ORLQ OLUQ OLLQ OEpigastric OSuprapubic

Progression: OStable OWorsening OSlowly worsening OGradually worsening ORapidly worsening OImproving OSlowly improving OGradually improving ORapidly Improving

Characteristics: OSharp ODull OCramping OBurning OThrobbing OShooting OStabbing

Relieving Factors: | **Aggravating Factors:** | **Radiation to:**

Associated Symptoms: OFever OChills OHeadache OCough OChest Pain ONausea OVomiting ODiarrhea OConstipation ODysuria OBlood in stool OTarry stool

Association with eating: OBetter after OWorse after ONo change

Last BM:_____ ONormal OConstipation ODiarrhea **Color:** _____ **BM Frequency:**_____ **Flatus:** OYes ONo
Difficulty urinating?: OYes ONo **New medications or change in last 30 days?:** ONo OYes:_____
Current Medications:

Past Medical Hx: OGallstones OPeptic Ulcer Ds OPelvic Inflammatory Ds OGERD OHysterectomy OPancreatitis OKidney Stones OHx Abd Surgery OAppendectomy OCrohn's Ds OUlcerative Colitis ODiverticulitis

Patients with female reproductive anatomy:
Date of Last Menstrual Cycle: _____ ORegular OIrregular
Vaginal discharge?: OYes ONo **Vaginal bleeding?:** OYes ONo
Pregnant?: ONo OYes: **UPT results:**

Vital Signs: BP: HR: RR: O2: T: Wt:

General Appearance: **Acute distress:** OYes ONo **Skin:** OCool OClammy OPale ONormal **Oral Mucosa:** OMoist ODry
Conjunctiva Pale: OYes ONo **Sclera Yellow:** OYes ONo

Abdominal Assessment: **Distended:** OYes ONo **Bruising:** OYes ONo **Visible Bulge:** OYes ONo
Conjunctiva Pale: OYes ONo **Sclera Yellow:** OYes ONo **Visible Injury:** OYes ONo

Bowel Sounds: **RUQ:** OPresent ODecreased OAbsent **LUQ:** OPresent ODecreased OAbsent
RLQ: OPresent ODecreased OAbsent **LLQ:** OPresent ODecreased OAbsent

Abdominal Tenderness: OMild OModerate OMarked OGuarding ORebound tenderness ORigid
Knees drawn up: OYes ONo **Able to stand upright:** OYes ONo **Pain with movement:** OYes ONo

Emergency Intervention Needed: O N OY, for:_____
Provider notified: O N OY, time: _____ Housing Sergeant Notified: O N OY, time: _____
Charge Nurse aware: OYes ONo ED Communication Nurse called: OYes ONo
Ambulance Requested?: O N OY, time: Code 3 called?: O N OY, time:

Nurse's Signature | **Print Name** | **Date/Time**

HennepinHealthcare

Jail Health Services
Nurse Assessment Tool: Abdominal Pain

Patient Name:	DOB:

On-Call Provider paged: O N OY, for:

- O Abdominal trauma
- O Fever or hypotension, with pain
- O Altered mental status (somnolence, delirium), with pain
- O Hematemesis (bright red blood or coffee ground)
- O Bright red blood in stool, with pain
- O Constipation with diminished bowel sounds
- O Pregnancy with abdominal pain or fluid leaking
- O Unable to urinate for 12 hours
- O Peritoneal signs (resistant to movement or rigid abdomen), with pain
- O Fever and tachycardia, with pain
- O Sig. vomiting, with hypotension or tachycardia
- O Diarrhea with fever and/or tachycardia
- O Black, tarry stool
- O Signs of hypovolemia (hypotension, tachycardia, dry mucus membranes)
- O Pregnancy with uncontrolled nausea/vomiting
- O Age over 60 with hx of heart ds, with tachycardia over 100 and abd pain

Provider contacted (name):_____

Notification Method: OPhone O In Person OTelmediq

Intervention:

- ☐ New orders for: _____
- ☐ Transfer patient to ED for eval, via EMS
- ☐ Same day/next day provider visit ordered.
- ☐ Sick call follow-up:
- ☐ Monitor and update:_____
- ☐ Transfer patient to ED for eval, with deputy
- ☐ Update given, no additional orders
- ☐ Other:

Sick Call Visit ordered for: O N OY, for:

- O New onset abdominal pain without peritoneal signs or abnormal vitals: **Same day/next day provider visit ordered:** OY
- O Intractable vomiting (unable to keep liquid down, not improved with standing orders): **Next available provider visit ordered:** OY
- O Constipation, no BM after 3 days of treatment with standing orders: **Next available provider visit ordered:** OY
- O Diarrhea, not improved with utilization of standing orders: **Next available provider visit ordered:** OY
- O Urinary issues (but still able to void, after testing per standing orders): **Provider visit ordered within 2-3 days:** OY
- O Need to review dietary concerns: **Provider chart check needed within 2-3 days:** OY
- O Need to resume outdated medication the patient reports taking currently: **Same day/ next day provider chart check:** OY
- O Patient wants to discuss starting new medications: **Provider visit ordered within 2-3 days:** OY
- O Request to resume chronic medications that haven't been filled for months or years: **Provider visit ordered in 1-2 weeks:** OY
- O Other:

Nursing Intervention ordered for: O N OY, for:

- ☐ Constipation: Last BM w/in 48 hrs
- ☐ Constipation: Last BM greater than 48 hrs:
  - → Sick call visit ordered: ☐Y

- O Senna-docusate/biscodyl ordered
- O Patient edu to increase fluid intake
- O Edu to notify nurse if no BM w/in 72 hrs

- ☐ Diarrhea (no fever, ⇧HR, or bleeding): **Orders:** O Imodium ordered O Clear liquids in SAND for 24 hrs O Vital Sign monitoring
- ☐ Nausea/Vomiting (not pregnant, no bleeding, or vitals changes): **Orders:** OZofran O Clear liquids in SAND for 24 hrs OGatorade
- ☐ Urinalysis ordered per Standing Orders: **Collected?:** OYes ONo
- ☐ STI symptoms: **GCT test?** OYes (♀ add wet prep) ☐ UPT ordered, result:_____ ☐ Vital Sign Monitoring – full set
- ☐ Temperature Monitoring ☐ BP/HR Monitoring ☐ Orthostatic BP checks
- ☐ Pt educated to increase fluids ☐ Pt educated about how to get OTC from commissary

Patient Education	Follow-up			
☐ Patient educated to contact medical if symptoms develop or worsen	Nurse follow-up scheduled in Epic	O N	O Y	O N/A
☐ Written information provided	Special Accommodations put in SAND	O N	O Y	O N/A
☐ The patient demonstrates an understanding of self-care, symptoms to report and how to request follow-up care	New problems included in shift report	O N	O Y	O N/A

Nurse's Signature	Print Name	Date/Time