



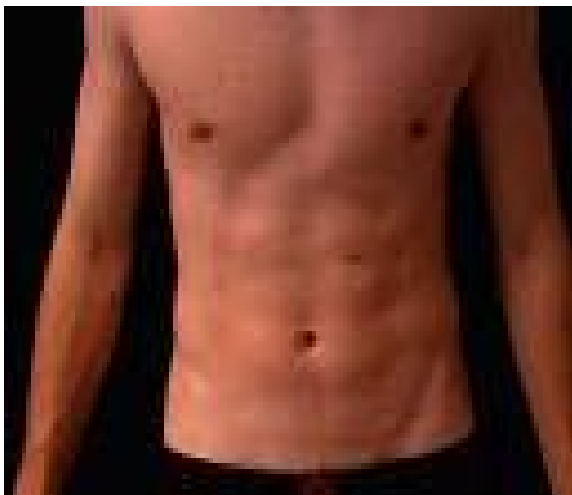
Abdominal Pain

Background.

Patients presenting to the ED with abdominal pain make up about 5% of all attenders. There are a number of differential diagnoses to be considered in the assessment of acute abdominal pain from ruptured AAA through to gastroenteritis. Previous studies have shown poor agreement between the initial ED clinicians assessment and the final clinical diagnosis. There are a number of standards that can be attributed to patients presenting with acute abdominal pain.

Abdominal pain can be one of the symptoms associated with transient disorders or serious disease. Making a definitive diagnosis of the cause of abdominal pain can be difficult, because many diseases can result in this symptom. Abdominal pain is a common problem. Most frequently the cause is benign and/or self-limited, but more serious causes may require urgent intervention.

Acute abdomen can be defined as severe, persistent abdominal pain of sudden onset that is likely to require surgical intervention to treat its cause. The pain may frequently be associated with nausea and vomiting, abdominal distention, fever and signs of shock.



Special points of interest:

- Many conditions can present with abdominal pain. The severity of these conditions can vary from life-threatening conditions eg. pancreatitis through to mild self-limiting conditions eg. Gastroenteritis.
- Clinical assessment in the ED is often unreliable.
- Investigations can aid the clinician in making a diagnosis

Methods

Retrospective audit

Sample: 30-50 Emergency Department patient records

Criteria

Inclusions: Patients presenting with abdominal pain

Exclusions: Patients presenting with other medical conditions

Please ensure you register the audit with your Trust Clinical Audit Department

Notes can be obtained by computer search of the ED database. The coding system on the back of the ED cards should be searched using the terms:

The search should extend over a sufficient period to include the 30 most recent obtainable events as a minimum. Contact the ED information manager to obtain a list of case notes matching these criteria.

Cards may only be physically kept in the department for a couple of weeks and then sent for scanning and archiving electronically. This can take up to 4 weeks.

Once you have the cards for the relevant patients then you need to record the data in an accessible way. This should be entered into the excel spreadsheet that contains all the relevant cells and formulae. For some of the items on the spreadsheet you may want to include a number of options. To maintain a consistency between rolling audits we ask that you stick to the approved list of criteria.

Work plan

Week 1-2, background reading and ordering case notes

Week 3-4, accessing records and entering data onto spreadsheet

Week 5-6, preparing the Powerpoint presentation of your findings

Presentation of findings

The data should be collated and then presented using the associated powerpoint presentation with the new data entered.

Data **MUST** then be uploaded onto www.stemlyns.org.uk/admin as instructed. Please obtain the username and password from your audit lead.

For further information contact:



How to upload the audit data

- www.stemlyns.org/admin
- Username and Password
- Select Appropriate Audit Title
- Select EDIT RESULTS next to appropriate date
- Enter results and CONTINUE
- FINISH
- LOG OUT

Traffic lights within 5% of target  within 6-15%  within 16%+ 

Criteria	Standard (%)	Standard achieved Locally (%)	Standard Achieved Regionally (%)	Standard Met?	Status
Pain score on arrival	100				
Pain relief appropriate to pain score	100				
Pain relief given within 20 minutes of arrival if appropriate	100				
Abdominal examination documented	100				
Pregnancy test in all females of child bearing age or known confirmed pregnancy documented	100				





Abdominal Pain

Clinical scenario

Patients presenting to the ED with abdominal pain make up about 5% of all attenders. Previous studies have shown poor agreement between the initial ED clinicians assessment and the final clinical diagnosis. Most frequently the cause is benign and/or self-limited, but more serious causes may require urgent intervention.

Audit question

Is abdominal pain managed appropriately according to best practice guidelines

Method

Retrospective Audit of 30-50 Emergency Department patient records

Inclusions - patients presenting with abdominal pain

Exclusions - patients presenting with other medical conditions

Results

Date	Patients	Measured	Results	Standard	Regional avg.
1st August 2007	Patients attending ED with abdominal pain	Management of patient according to criteria	Pain score on arrival	100 %	-
			Pain relief appropriate to pain score	100 %	-
			Pain relief given within 20 minutes of arrival if appropriate	100 %	-
			Abdominal examination documented	100 %	-
			Pregnancy test in all females of child bearing age or known confirmed pregnancy documented	100 %	-

Comment

To be completed

Audit Bottom Line

To be completed