急性腹痛 (Acute Abdominal Pain) 診斷處理流程 - I

Patient with ACUTE ABDOMINAL PAIN
- History
- Physical examination
- Identify:
  - Pregnancy
  - Urinary tract infection
- Assess degree of illness
  - Mild
    - Intestinal manifestations
      - Present
      - Absent
      - Follow up in 24-48 hours
  - Moderate
  - Severe
  - Very severe
- Signs of infection or systemic disorder
  - Present
    - Vasculitis syndromes
    - Hemolytic-uremic syndrome
    - Inflammatory bowel disease
    - Bacterial enteritis
    - Pelvic inflammatory disease
    - Pneumonia
    - Sickle cell disease
    - S. pyogenes pharyngitis
    - Malignancy
    - Hepatitis
    - Cystic fibrosis
  - Absent
    - Consider:
      - Ultrasonography
      - Liver function tests
      - Amylase and/or immunoreactive trypsinogen
      - Unremarkable
- Signs of ulcer disease
  - Absent
    - Follow up in 24-48 hours
  - Present
    - Suspect:
      - Peptic ulcer
      - Esophagitis
- Medical disorders
- Infections
  - Appendiceal abscess
  - Tubo-ovarian abscess
  - Osteomyelitis
  - Discitis
  - Pneumonia
  - Cholecystitis or cholangitis
  - Pancreatitis
  - Inflammatory bowel disease
  - Renal stones
  - Ruptured ovarian cyst
  - Malignancy
  - Meconium ileus
  - Cystic fibrosis (meconium ileus equivalent)
急性腹痛 (Acute Abdominal Pain) 診斷處理流程-II

Severe

→ Stabilize

Hospitalize
Three-way abdominal radiography
Consider:
- Ultrasonography
- Liver function tests
- Amylase and/or immunoreactive trypsinogen
- Surgical consultation

Medical disorders

Surgical disorders

Infections
- Appendiceal abscess
- Tubo-ovarian abscess
- Osteomyelitis
- Discitis
- Pneumonia
- Cholecystitis or cholangitis
- Pancreatitis
- Inflammatory bowel disease
- Renal stones
- Ruptured ovarian cyst
- Malignancy
- Mesenteric adenitis
- Cystic fibrosis
  (meconium ileus equivalent)

Appendicitis
- Intussusception
- Volvulus
- Intestinal obstruction
- Perforated viscus
- Liver, spleen, or bladder laceration
- Acute hydrops
- Acute ovarian torsion
- Ureteral pelvic obstruction