MEDICAL DIRECTIVE
Critical Care Outreach Team (CCOT) – Abdominal Pain

Approved by/Date: Medical Advisory Committee – October 27, 2015

Authorizing physician(s)
Intensivists who are part of the Critical Care Physician Section

Authorized to who
CCOT Responders (RRTs and RNs) that have the knowledge, skill and judgment and who have successfully attained certification by a course of self-study supplied by the Intensivist – Educators appointed by the Authorizing Physicians, participated in Didactic and Simulation education, completed orientation with Critical Care Outreach Team, and have successfully passed examinations.

Patient Description / Population
Adult Patients over 18. Patients who present with symptoms of moderate to severe abdominal pain with distress including but not restricted to tachycardia, tachypnea, diaphoresis, hypertension etc.

Medical Directive Description/Physician’s Order
1. Manage the airway including support of oxygenation and ventilation
2. Oxygen therapy as required to maintain saturation above 92%, COPD 88-92%
3. Initiate monitoring including cardiac, blood pressure and pulse oximetry
4. Vital signs including temperature q5 – 30 mins plus prn
5. 12-lead EKG
6. Review patient history (including antibiotic use within 12 weeks) and diagnosis
7. Stat Blood Work (CBC, electrolytes, glucose, urea, creatinine, APTT, INR, Corrected calcium, Magnesium, Phosphorus, Albumin, ALT, ALP, Bili, AST, Lipase, Lactate)
8. Stat POC or i-STAT ABG or VBG (pH, pO2 or pCO2)
9. Urine screen (dip stick)
10. If loose stool, specimen should be sent for C. diff.
11. Blood cultures if temperature greater than 38 degrees Celsius
12. Insert a large (18 if possible) gauge IV
13. Intraosseous access may be attained when it is a very unstable, life threatening situation and when IV access has not been successful after 2 attempts or 90
seconds of searching for a suitable vein
14. Portable abdominal X-ray - include information about area of abdominal pain
15. Portable chest x-ray, upright (to rule out free intraperitoneal air)

Specific conditions/circumstances that must be met before the Directive can be implemented

- The patient must have symptoms suggestive of abdominal pain on assessment.
- Each intervention will be explained to the patient and/or family when possible.

Contraindications to the implementation of the Directive

- Patient refuses therapy.
- Patient is not capable of cooperating with the procedures.

Identify relevant Delegated Control Act or Added Skill associated with this Directive

Administering a substance by injection or inhalation.
Performing a procedure below the dermis:
  - IV Insertion Certification
  - IO Insertion Certification

Documentation requirements

- Implementation of the Medical Directive must be documented on the chart under physician orders.
- Response to medications administered must be documented in the CCOT note.

Review/Evaluation Process (how often/by who)
Every 2 years by Medical Department - Emergency Medicine and Critical Care Council.

Related Documents

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References

1. Garrard, C, Young, D. Suboptimal care of patients before admission to an Intensive care units caused by a failure to appreciate or supply the ABCs of life support. BMJ 1998; 316:1841-1842.


20. Faculty of Medicine, Liverpool Health Science, Liverpool, Australia. Medical Emergency Team, 2005, pg. 1-3.


