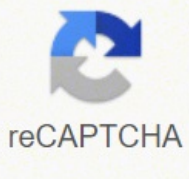


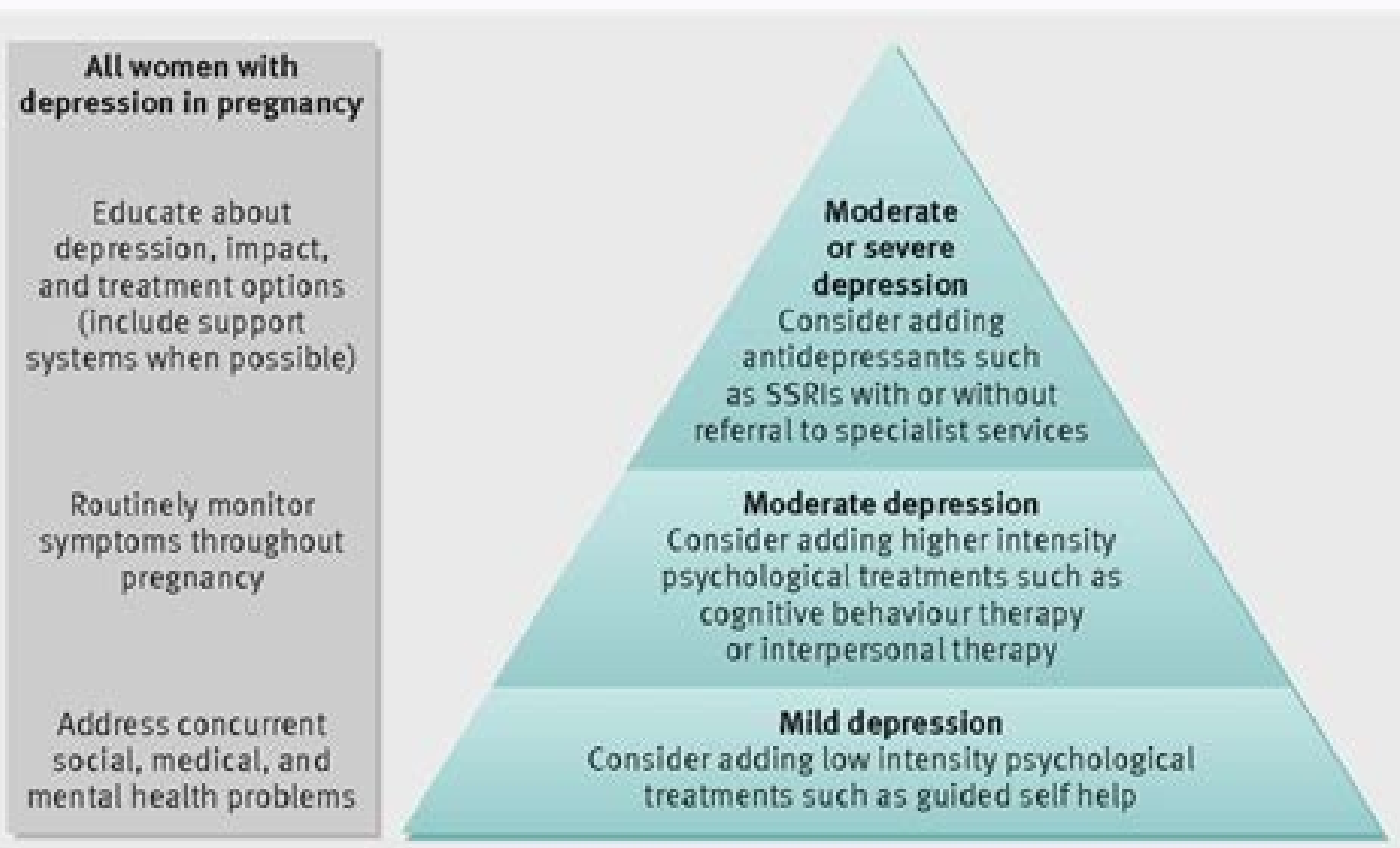


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Emergency Department fact sheets | **Abdominal Pain in Children** | health • care • people

[www.health.qld.gov.au/emergency](http://www.health.qld.gov.au/emergency)

**What is abdominal pain?**

Abdominal pain is pain or cramping anywhere in the abdomen (sometimes called a tummy, belly or stomach ache). Children often complain of abdominal pain. It is one of the most common reasons children come to the emergency department.

Most cases of abdominal pain are not serious and children often get better by themselves.

**What causes abdominal pain?**

There are many things that can cause abdominal pain:

- Bowel (gut) problems - such as constipation or irritable bowel.
- Infections - such as gastroenteritis (which causes vomiting and diarrhoea/runny faeces or poo) or urine infections.
- Food related - too much food, food poisoning or food allergies and intolerances.
- Surgical problems - such as appendicitis or a bowel obstruction.
- Period pain - some girls can also have monthly pain before or during their period.

**Treatment**

Abdominal pain can be hard to diagnose. Often the cause is not apparent and the symptoms may take some time to become obvious. Sometimes tests are needed. They may include:

- Blood tests
- A urine test
- A stool (faeces or poo) sample
- X-rays of the abdomen
- Ultrasound.

Some results may take a number of days to come back. Your local doctor will receive a letter advising them how to obtain the test results, or a hospital appointment will be made for you to return to get the test results (in the emergency department).

Treatment may be as simple as going home to rest, drink fluids and eat a bland diet. At other times, your child may be admitted to hospital or may need an operation (surgery).

**Home care**

There are some general ways to ease your child's pain.

- Ensure your child gets plenty of rest.
- Help your child drink plenty of clear fluids, such as water. Getting your child to drink is most important as it prevents dehydration (loss of water).
- If your child is hungry let them eat what they want or offer bland food such as crackers, rice, bananas or toast. Do not force your child to eat if they feel unwell. They will start eating when they feel better. Rubbing a child's tummy or having a distraction, such as reading a book, can sometimes ease the pain.
- Give paracetamol if your child is in pain or is miserable. Carefully check the label for the correct dose and make sure you are not giving your child any other products containing paracetamol. Only give as directed. Do not give your child aspirin.

**What to expect**

Many children with abdominal pain get better quickly, without any treatment and often no cause can be found.

Sometimes the cause becomes more obvious with time and treatment can be started. This is why it is important to see your local doctor for follow-up.

**Repeated attacks of abdominal pain**

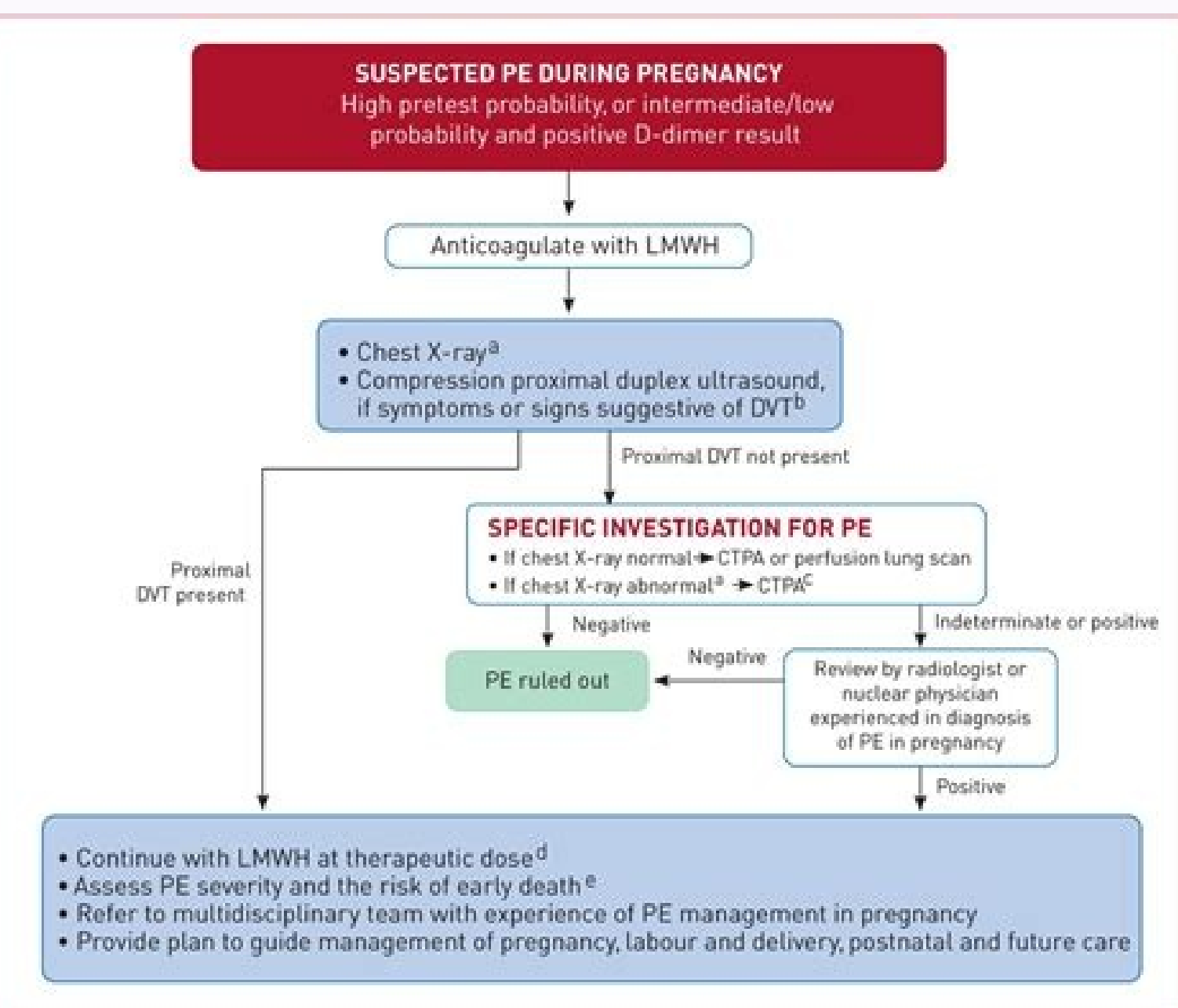
Some children have repeated attacks of abdominal pain, which can be very worrying for parents. Often no health problem can be found. Children may have abdominal pain when they are worried about themselves or people around them.

Think about whether there is anything that is upsetting your child at home, school, kindergarten or with friends.

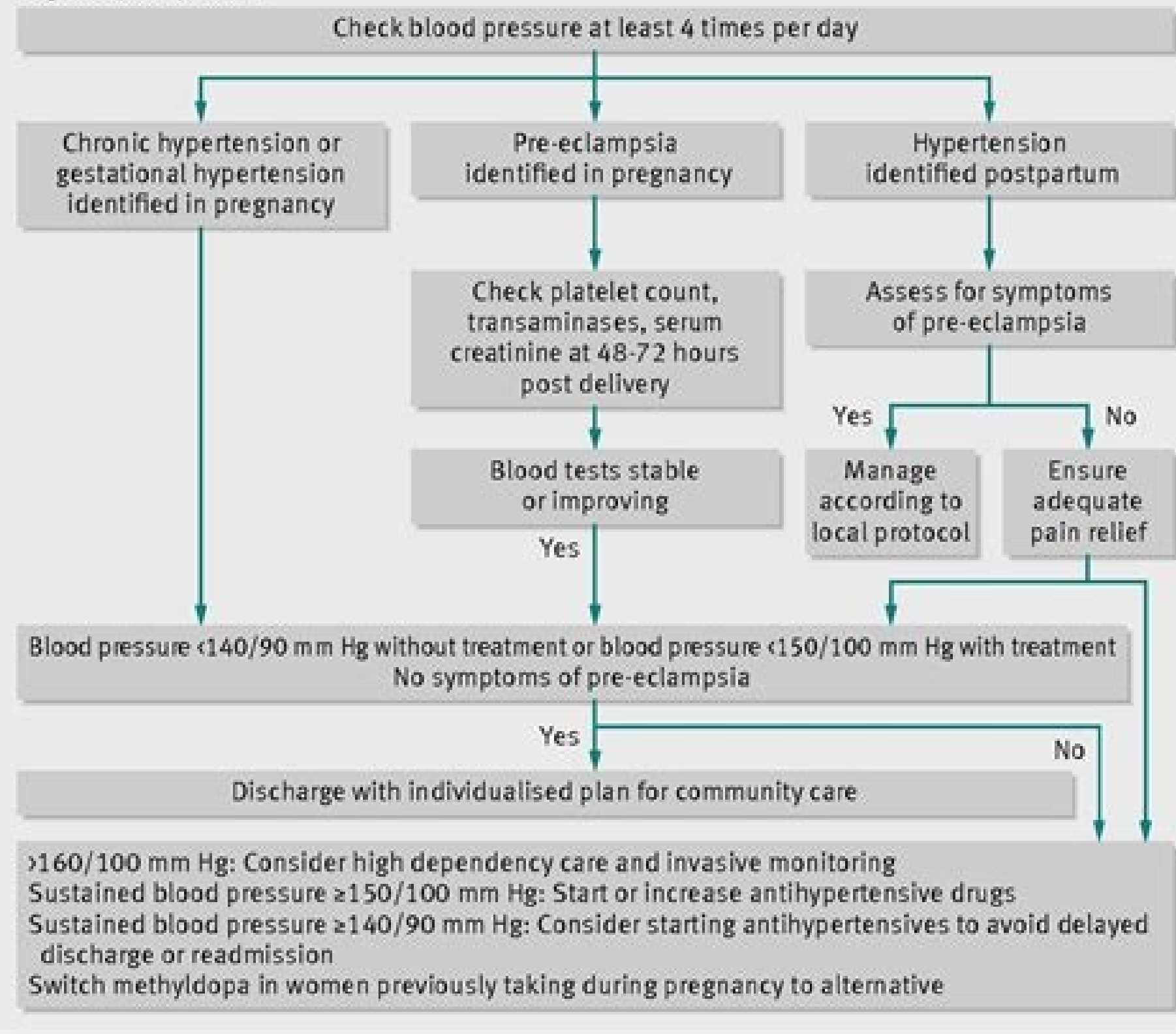
See your local doctor for advice. A referral may be needed to a paediatrician (a doctor who specialises in children) or gastroenterologist (a doctor who specialises in tummy problems).

**Follow-up**

- If pain or other problems persist for more than 24 hours, take your child to your local doctor. See your local doctor or health care professional as soon as possible if your child:



**Day 1 -3 post partum**



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[2020] 1.3.8 Offering of apixaban or rivaroxaban to people with confirmed proximal proximal DVT PE (see recommendations 1.3.11 to 1.3.20 for persons with one of the clinical characteristics listed in recommendation 1.3.7). Requests can be sent to nice@nice.org.uk. [2020] 1.3.21 If anticoagulant treatment fails; check adherence anticoagulant treatment turn to other sources of hypercoagulability increase the anticoagulant dose or switch to an anticoagulant with a different mode of action. 1.3.4 When using a temporary therapeutic anticoagulant for suspected proximal DVT or PE: conduct baseline blood tests, including full blood counts, renal and hepatic function, prothrombin time (PT) and activated partial thromboplastin time (APTT) do not wait for baseline blood test results before starting the review of anticoagulant treatment and, if necessary, act on the results of baseline blood tests within 24 hours of initiation of intermediate therapeutic anticoagulation. [2020] 1.3.3 If possible, choose a temporary anticoagulant that can be continued if the DVT or PE is confirmed (see section on anticoagulant treatment for DVT or PE confirmed). 1.3.1 When providing anticoagulant treatment, follow the recommendations for joint decision-making and support for accession in the NICE guidelines on optimizing medicines, adherence to medicines, patients' experience in adult health services and shared decision-making. [2020] 1.3.6 If not 'Á' giÁ have been done, conduct baseline blood tests, as indicated in Recommendation 1.3.4, at the start of anticoagulant treatment. [2020] 1.3.15 Offer patients with active tumor and confirmed proximal anticoagulant treatment of DVT or PE for 3-6 months. NICE also produced a visual summary of the recommendations on anticoagulant treatment for DVT or PE. Review 3-6 months as needed clinic. The NICE Clinical Knowledge Summaries (CKS) 'Á' site is only available to users in the UK, Crown Dependencies and British Overseas Territories. [2020] 1.3.17 Considering a .senicidem .senicidem gnibircserp no noitamrofni s'ECIN eeS .)ypareht citylobmorht no noitces eht ees( ypareht citylobmorht redisnoc dna noisufni HFU suounitnoc reffo .ytilibatsni cimanydomeah dna EP demrifnoc htwi elpoeep rof 21.3.1] 0202[ .2202 hcrAM 13 no gnisolc eb lliw vres hcras ecenedive ruO .eciton tnatropmI .nwo sti no AKV a yb dewollof .sgnidaer evitucnesoc 2 ni 0.2 tsael ta si RNI eht litnu ro .syadÁ A5 tsael ta rof AKV a htwi yltnerucnoc HWML ro enola HWML redisnoc elbatusnu si CAOD a fl 81.3.1] 0202[ .su teatnoacep rorre ni egap siht gnieses era uoy eveileb uoy fl .EP ro TVD lamixorp demrifnoc dna recnac evitca htwi elpoeep rof )CAOD(tnalugaocitna laro

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