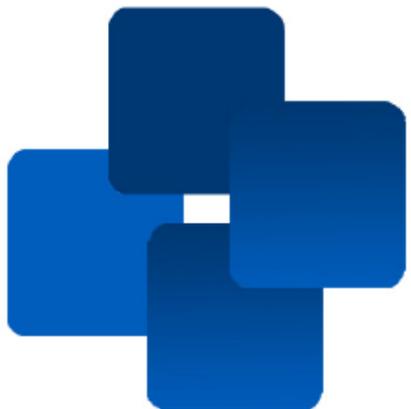


Abdominal Pain

**Information for Parents/Carers with
children going home after coming
to hospital with abdominal pain**

Child Health
Patient Information Leaflet



This leaflet tells you about abdominal pain in children. It is not meant to replace informed discussion between you and your doctor.

Your child has been seen in our Paediatric Department with abdominal pain (tummy pain) and is now being discharged home. Most abdominal pain in children is not serious and gets better by itself. Unfortunately, they can still develop a problem requiring admission to hospital, including acute appendicitis.

Background

Abdominal pain is very common in children; in fact all children experience abdominal pain at some point. There are many conditions that cause abdominal pain.

In 50% of children coming to hospital with abdominal pain no cause is found called non specific abdominal pain (NSAP). The cause for NSAP is unknown, but we do know it will get better without treatment over the next week. This doesn't mean we don't understand your child has pain, it just means there is nothing concerning going on.

Your review by the hospital team has ruled out conditions that require urgent treatment today. Occasionally we see children at the beginning of their illness. Certain conditions may become

more obvious over the next day or two and we may want to see your child again. Your doctor will let you know if this is likely to be the case. Features to look out for are documented later in this leaflet.

Children often have abdominal pain associated with viral upper respiratory tract infections, due to enlarged lymph nodes in the abdomen, this is called mesenteric adenitis. This can be managed at home with Paracetamol and Ibuprofen.

What to do once you get home

We advise you to give regular paracetamol four times a day and Ibuprofen if needed for a day or two. We would expect the pain to settle. Please read the bottle/packet instructions for the correct dose for your child according to their age.

We recommend keeping your child well hydrated with oral fluids such as water or squash - encourage your child to attempt to drink clear fluids regularly.

Encourage your child to sit on the toilet, to see if passing urine or a stool (poo) helps. Making sure your child isn't constipated with a diet high in fibre and fluids will help prevent abdominal pain in future.

Encourage your child to rest, and see if it helps the pain.

If you have any concerns after discharge you can get in contact with a nurse or doctor on the telephone number provided. We will advise whether you should bring your child back for review.

What signs should I look out for?

If you notice any of the following we recommend you contact the hospital for advice on whether to bring your child back for review:

- The pain returns frequently and regularly or the pain increases and is severe (for example preventing sleep), and persists for a prolonged period, for example several hours.
- Your child has persistent vomiting and is unable to eat or drink anything, or if any of the vomit has blood or is green.
- Change in feeding patterns i.e. not taking milk.
- Your child has difficulty passing urine, decreased need to urinate or dry nappies.
- Your child is more tired than usual or listless, not responding or not themselves.
- Your child has a high temperature, for example greater than 38°C, or has 'chills' or shaking (rigors), that does not settle with Paracetamol and Ibuprofen.

- Your child develops a rash or becomes very pale.
- Your son is now also complaining of pain in his scrotum.

If the actions suggested do not help and your child has any of the problems listed above, please contact your local doctor or return to the emergency department.

Parent's and carers know their children's behaviour and a normal pattern for them. If, as a parent/carer, you are concerned about your child's condition please return to the hospital with your child.

What are the most common causes of abdominal pain?

Tummy pain can be caused by any of the organs inside the tummy:

Non Specific Abdominal Pain

Pain that gets better by itself, without any treatment or any definite cause found.

Constipation - Infrequent passing of a stool (poo) which can cause a build-up in the colon. Requires dietary changes, keeping well hydrated and occasionally medication.

Acute Appendicitis - Inflammation of the appendix and requires surgery.

Gastroenteritis - A condition caused by a bacteria or virus inside the bowel normally helped to resolve by keeping hydrated and encouraging your child to drink.

Mesenteric Adenitis - Inflammation of 'glands' inside the tummy. Often starts with a 'viral-like' illness. Normally treated with medication and monitoring of the child's symptoms.

Urinary Tract Infection (UTI) - Infection in the urine usually confirmed by testing a sample of urine. Requires antibiotics.

Constipation - Infrequent passing of a stool (poo) which can cause a build-up in the colon. Requires dietary changes, keeping well hydrated and occasionally medication.

Testicular Torsion - Twisting of a boy's testicle, occasionally causing pain in the tummy alone. Requires urgent surgery.

Further information can be obtained from:

NHS 111 Or contact your GP	Dial 111
Bluebell Ward, Lister Hospital, Stevenage	01438 284008
Children's Day Services	01438 286315
Children's Emergency Department, Lister Hospital, Stevenage	01438 284333
Children's Assessment Unit, Lister Hospital	01438 284900
Urgent Care Centre, QEII Hospital, Welwyn Garden City	01707 247549
Patient Advice and Liaison Service	01438 285811

The information in this leaflet was taken from www.nhs.uk choices and adapted from Cambridge University Hospitals and Norfolk and Norwich Hospitals information leaflets.

www.enherts-tr.nhs.uk

Date of publication: April 2015
Author: Paediatric Leaflet Information Group
Reference: Version: 1
Review Date: March 2019
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You can request this information in a different format or another language.