The workup of a patient with an acute abdomen is one of the most interesting diagnostic challenges you will face and is a key component of the surgical rotation. Early diagnosis of the acute abdomen is critical, as many of the disease processes involved require early intervention if one is to prevent significant morbidity and mortality.

**Signs and Symptoms**

A thorough H&P is indispensable in making the diagnosis of acute abdomen.

**HPI:**
- Onset, duration, and progression of pain (e.g., maximal at onset, intermittent, constant, worsening).
- Location of pain at onset and at presentation.
- Quality (burning, cramping, sharp, aching) and severity of pain.
- Aggravating and alleviating factors.
- Associated symptoms:
  - GI complaints (nausea, vomiting, anorexia, hematemesis, hematochezia, melena, or change in bowel function).
  - Gynecologic complaints and last menstrual period.
- Any similar episodes in the past.

**PMH:**
- Metabolic or endocrine disease (e.g., diabetes, Addison’s disease, porphyria).
- CAD, heart failure, abdominal surgery, hernias, gallstones, EtOH abuse, PUD.
- Prior surgical history (e.g., cholecystectomy, appendectomy, hysterectomy).
- Medications.

**Other:**
- Anesthesiology (intubation)
- Burns
- Fluids and acid-base balance (see Practical Information for All Clerkships)
- Wound healing/surgical infection
- Trauma and shock (see Emergency Medicine)