



Abdominal Pain for Community Providers Clinical Pathway Synopsis

Objective of Clinical Pathway

To provide care standards for community providers for the treatment and diagnosis of patients presenting with abdominal pain.

Background

Chronic abdominal pain in childhood constitutes a significant time-consuming clinical problem in healthcare, and it carries a considerable burden for patients and their families (Di Lorenzo et al., 2005). The prevalence rates of chronic abdominal pain for children range widely from 0.3-19% (Kortnerink et al., 2015) and can account for up to 5% of pediatric primary care visits (Gieteling et al., 2011).

Target Users

- Physicians (Ambulatory, Urgent Care, Emergency Department, Community Physicians, Fellows, Resident Physicians)
- Nurse Practitioners

Target Population

Inclusion Criteria

- Patients presenting with recurrent or persistent abdominal pain present for at least 30 days

Exclusion Criteria

- Patients < 6 years of age
- Patients with developmental delay or non-verbal

Practice Recommendations

In lieu of a clinical practice guideline fully addressing the management of abdominal pain in pediatric and adolescent patients, guidance from pediatric gastroenterology literature was used in conjunction with the expert consensus of the Abdominal Pain for Community Providers Clinical Pathway Committee to inform the assessment, acute management, and referral guidance in this pathway

Additional Questions Posed by the Clinical Pathway Committee

No additional clinical questions were posed for this review.

Updates from Previous Versions of the Clinical Pathway

- Updates provided review and confirmation of current recommendations and resources

Measures

- Emergency Department visits
- Admissions for abdominal pain
- GI visits
- Primary Care visits

Value Implications

The following improvements may increase value by reducing healthcare and non-monetary costs (e.g., missed school/work, loss of wages, stress) for patients and families, and by reducing costs and resource utilization for healthcare facilities.

- Decreased risk of overdiagnosis
- Decreased frequency of admission, when appropriate
- Decreased inpatient length of stay
- Decreased unwarranted variation in care

These clinical pathways do not establish a standard of care to be followed in every case. It is recognized that each case is different, and those individuals involved in providing health care are expected to use their judgment in determining what is in the best interests of the patient based on the circumstances existing at the time. It is impossible to anticipate all possible situations that may exist and to prepare a clinical pathway for each. Accordingly, these clinical pathways should guide care with the understanding that departures from them may be required at times.



Organizational Barriers and Facilitators

Potential Barriers

- Variability of acceptable level of risk among providers
- Variability in experience among clinicians
- Challenges with access to healthcare and health literacy faced by some families

Potential Facilitators

- Collaborative engagement across the continuum of clinical care settings and healthcare disciplines during clinical pathway development
- High rate of use of the clinical pathway

Bias Awareness

Our goal is to recognize the social determinants of health and minimize healthcare disparities, while acknowledging that our unconscious biases can contribute to these disparities.

Order Sets

- There are no order sets associated with this clinical pathway

Educational Materials

Educational tools were reviewed for health literacy. The following handouts are available on the Children's Mercy external website and within the clinical pathway.

- [Unstuck: Family Guide to Constipation](#)
- [Learning to Swallow Pills](#)
- [Heartburn](#)
- [Lactose & Fructose Restriction Diet](#)
- [Lactose Intolerance](#)
- [Fructose Intolerance](#)
- [Bristol Stool Scale](#)
- [Managing Functional Constipation \(Providers\)](#)
- [School Accommodation Letter](#)

Clinical Pathway Preparation

This pathway was prepared by the EBP Department in collaboration with the Abdominal Pain for Community Providers Clinical Pathway Committee, composed of content experts at Children's Mercy and the community.

Clinical Pathway Representation

This clinical pathway was originally created with representation from Gastroenterology, Integrated Care Solutions, Community Providers, and Evidence-Based Practice.

Abdominal Pain for Community Providers Clinical Pathway Revision Committee Members and Representation

- Craig Friesen, MD | Gastroenterology | Committee Chair
- Doug Blowey, MD | Integrated Care Solutions | Committee Member
- Jennifer Schurman, PhD, ABPP, BCB | Gastroenterology | Committee Member
- Natasha Burgert, MD | Community Provider | Committee Member
- Tina Khaleghi, MD | Community Provider | Committee Member
- Luke Harris, MBA | Integrated Care Solutions | Committee Member

EBP Committee Members

- Todd Glenski, MD, MSHA, FASA | Anesthesiology, Evidence Based Practice
- Andrea Melanson, OTD, OTR/L | Evidence Based Practice

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Clinical Pathway Development Funding

The development of this clinical pathway was underwritten by the following departments/divisions: Evidence Based Practice, Gastroenterology, and Integrated Care Solutions.

Conflict of Interest

The contributors to the Abdominal Pain for Community Providers Clinical Pathway have no conflicts of interest to disclose related to the subject matter or materials discussed.

Approval Process

- This pathway was reviewed and approved by the EBP Department and the Abdominal Pain for Community Providers Clinical Pathway Committee after committee members garnered feedback from their respective divisions/departments.

Review Requested

Department/Unit	Date
Gastroenterology	June 2026
Integrated Care Solutions	June 2026
Community Providers	June 2026
Evidence Based Practice	June 2026

Version History

Date	Comments
October 2022	Version one – developed algorithm, synopsis, and educational resources
June 2026	Version two – minor updates to the algorithm and synopsis, updated links to resources

Date for Next Review

- June 2029

Implementation & Follow-Up

- Once approved, the pathway was implemented and presented to the appropriate care teams following the first version of the clinical pathway:
 - Announcements made to relevant departments
 - Additional institution-wide announcements were made via the hospital website and relevant huddles
 - Community clinics affiliated with CM received announcements via "Progress Notes"
- Care measurements may be assessed and shared with appropriate care teams to determine if changes need to occur.
- Pathways are reviewed every 3 years (or sooner) and updated as necessary within the EBP Department at Children's Mercy. Pathway committees are involved with every review and update.

Disclaimer

When evidence is lacking or inconclusive, options in care are provided in the supporting documents and the order set(s) and/or order panel(s) that accompany the clinical pathway.

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References

1. Di Lorenzo C, Colletti RB, Lehmann HP, Boyle JT, Gerson WT, Hyams JS, et al. Chronic abdominal pain in children: A clinical report of the American Academy of Pediatrics and the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition. *J Pediatr Gastroenterol Nutr.* 2005;40:245-248.
2. Gieteling MJ, Lisman-van Leeuwen Y, van der Wouden JC, Schellevis FG, Berger MY. Childhood nonspecific abdominal pain in family practice: Incidence, associated factors, and management. *Ann Fam Med.* 2011;9:337-343.
3. Korterink JJ, Diederik K, Benninga MA, Tabbers MM. Epidemiology of pediatric functional abdominal pain disorders: A meta-analysis. *PLoS One.* 2015;10(5):e0126982.

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