Universal Protocol Section

Back Pain



History

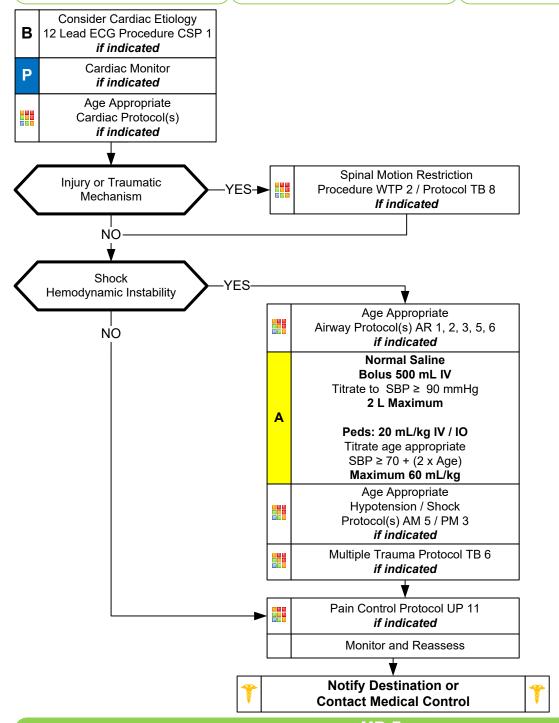
- * Age
- Past medical history
- * Past surgical history
- * Medications
- * Onset of pain / injury
- * Previous back injury
- * Traumatic mechanism
- * Location of pain
- * Fever
- Improvement or worsening with activity

Signs and Symptoms

- Pain (paraspinous, spinous process)
- * Swelling
- * Pain with range of motion
- * Extremity weakness
- * Extremity numbness
- * Shooting pain into an extremity
- * Bowel / bladder dysfunction

Differential

- Muscle spasm / strain
- Herniated disc with nerve compression
- Sciatica
- Spine fracture
- * Kidney stone
- * Pyelonephritis
- Aneurysm
- * Pneumonia
- Spinal Epidural Abscess
- Metastatic Cancer
- * AAA



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Pearls

- * Recommended Exam: Mental Status, Heart, Lungs, Abdomen, Neuro, Lower extremity perfusion
- * Back pain is one of the most common complaints in medicine and effects more than 90 % of adults at some point in their life. Back pain is also common in the pediatric population. Most often it is a benign process but in some circumstances can be life or limb threatening.
- Consider pregnancy or ectopic pregnancy with abdominal or back pain in women of childbearing age.
- * Consider abdominal aortic aneurysm with abdominal pain especially in patients over 50 and/or patients with shock/ poor perfusion. Patients may have abdominal pain and / or lower extremity pain with diminished pulses. Notify receiving facility early with suspected abdominal aneurysm.
- Consider cardiac etiology in patients > 50, diabetics and / or women especially with upper abdominal complaints.
- * Red Flags which may signal more serious process associated with back pain:

Age > 50 or < 18

Neurological deficit (leg weakness, urinary retention, or bowel incontinence)

IV Drug use

Fever

History of cancer, either current or remote

Night time pain in pediatric patients

* Cauda equina syndrome is where the terminal nerves of spinal cord are being compressed (Symptoms include):

Saddle anesthesia

Recent onset of bladder and bowel dysfunction. (Urine retention and bowel incontinence)

Severe or progressive neurological deficit in the lower extremity.

Motor weakness of thigh muscles or foot drop

* Back pain associated with infection:

Fever / chills.

IV Drug user (consider spinal epidural abscess)

Recent bacterial infection like pneumonia.

Immune suppression such as HIV or patients on chronic steroids like prednisone.

Meninaitis.

Spinal motion restriction in patients with underlying spinal deformity should be maintained in their functional position.