



Back Pain

Aliases

None noted

Patient Care Goals

1. Improve patient discomfort
2. Identify life-threatening causes of back pain

Patient Presentation

Inclusion Criteria

Back pain or discomfort related to a non-traumatic cause

Exclusion Criteria

1. Back pain from spinal trauma [See [Trauma Section](#)]
2. Back pain due to sickle cell pain crisis [See [Sickle Cell Pain Crisis Guideline](#)]
3. Back pain from suspected labor [See [OB/GYN Section](#)]

Patient Management

Assessment

1. Perform airway assessment and management, per the [Airway Management Guideline](#)
2. Obtain vital signs including pulse, blood pressure, respiratory rate, neurologic status assessment, pulse oximetry, temperature
3. Provide evaluation and management of pain, per the [Pain Management Guideline](#)
4. Obtain vascular access as necessary to provide analgesia and/or fluid resuscitation
5. Assess for life-threatening causes of back pain, which may include:
 - a. Spinal cord compression (e.g., from spinal epidural abscess, malignancy, spinal epidural hematoma for patients on anticoagulants)
 - i. Urinary and/or bowel incontinence
 - ii. Inability to walk due to weakness
 - iii. New neurologic deficits in extremities
 - iv. Loss of sensation in saddle distribution
 - b. Aortic dissection or ruptured abdominal aortic aneurysm
 - i. Unequal femoral or distal lower extremity pulses
 - ii. “Pulsatile” abdominal mass
 - iii. Associated abdominal pain and/or chest pain
 - iv. Known history of abdominal aortic aneurysm or dissection
 - c. Pyelonephritis
 - i. Fever
 - ii. Nausea, vomiting
 - iii. Urinary frequency/urgency
 - iv. Dysuria
 - v. Hematuria
 - vi. Abdominal pain
 - vii. Costovertebral angle tenderness to percussion