

6. Assess for signs of shock. If shock is present, provide treatment per appropriate [Shock Guideline](#)
7. Assess for other non-life-threatening causes of back pain
 - a. Kidney stone
 - i. Unilateral flank pain
 - ii. Nausea, vomiting
 - iii. Possible hematuria
 - iv. History of kidney stones

Treatment and Interventions

1. Medication Administration
 - a. Provide analgesia, per [Pain Management Guideline](#)
 - b. Administer antiemetics, per [Nausea-Vomiting Guideline](#)
 - c. Provide transport to an appropriate receiving facility. Consider specialty destination centers for conditions such as suspected aortic emergency
 - d. Reassess vital signs and response to therapeutic interventions throughout transport

Patient Safety Considerations

None noted

Notes/Educational Pearls**Key Considerations**

1. Assess for life-threatening causes of back pain
2. Provide appropriate treatment for pain, vomiting, and shock
3. Consider transport to appropriate specialty center if aortic emergency suspected
4. Back and abdominal pain can often coexist with similar disease processes
5. Identify patients on anticoagulants since they are higher risk for spinal epidural hematoma or retroperitoneal hemorrhage which can present as back pain
6. Identify patients with intravenous drug abuse (IVDA) history and/or impaired immune system since they are higher risk for spinal epidural abscess
7. Identify patients with a history of cancer or with one suspicious for cancer – spinal metastases can cause spinal cord compression
8. Identify older adults or patients with prolonged use of corticosteroids at risk for vertebral body compression fracture

Pertinent Assessment Findings

1. Midline back tenderness
2. Back erythema or swelling
3. Motor and/or sensory loss in arms or legs
4. Loss of perianal sensation
5. Absence of or significant inequality of femoral or distal arterial pulses in lower extremities
6. Hyper or hypothermia
7. Rectal bleeding or hematemesis