

Observation Unit Admissions:

BACK PAIN

All patients presenting to the ED with a chief complaint of back pain should have a detailed history and physical performed to help ascertain potential etiologies.

This should include but is not limited to the following:

- Description of pain
- History of similar pain in the past
- Location of pain with attention to radiation
- Duration of pain
- Presence of trauma
- Aggravating and alleviating factors of pain
- Symptoms associated with the pain
- Reproducible nature of the pain
- Neurologic symptoms especially changes in bladder/ bowel function
- Personal and first degree relative history of cancer
- History of back procedures/ surgeries with Surgeon, location of procedure, and timing if known
- Presence of spinal hardware
- Focus also on exclusion of organ related/ internal pain causing referral to the back as a secondary symptom

Recommended tests/ assessments before admission decision:

1. Trial of oral/ topical pain regimen
 - a. Pain reassessment in ED should include ambulatory trial for patients who are functionally capable at baseline
 - i. Successful ambulatory trial criteria: significant pain reduction, absence of severe discomfort, better mobility
2. Indications for imaging¹:

¹ Expert Panel on Neurological Imaging: Troy A. Hutchins, MD, et al. *ACR Appropriateness Criteria Low Back Pain: 2021 Update*. Journal of The American College of Radiology, Jan. 2021, www.jacr.org/action/showPdf?pii=S1546-1440%2821%2900701-8.

- a. 6 or more weeks of optimal medical management without significant improvement in pain
 - b. Suspicion for malignancy
 - c. Suspicion for acute infectious process
 - d. Additional symptoms warranting CT imaging:
 - i. Suspicion for acute vertebral fracture based on the presence of high risk characteristics²
 - ii. Need for detailed bone structure assessment in cases of trauma
 - iii. Conditions requiring imaging assessment when MRI is contraindicated
 - e. Neurological symptoms warranting MRI:
 - i. Nerve impingement concerns: reflex changes, strength or sensory deficits, persistent radiculopathy despite trial of conservative management
 - ii. Red flag signs and symptoms: severe/ progressive weakness, saddle anesthesia, new onset bowel/ bladder dysfunction, poor rectal tone, acute motor deficit, suspected cauda equina syndrome (if red flag signs/symptoms imaging must be STAT)
3. If there are any cases that require emergent orthopedic or neurosurgical consultation the assessments should be performed prior to confirming the appropriate disposition for the patient

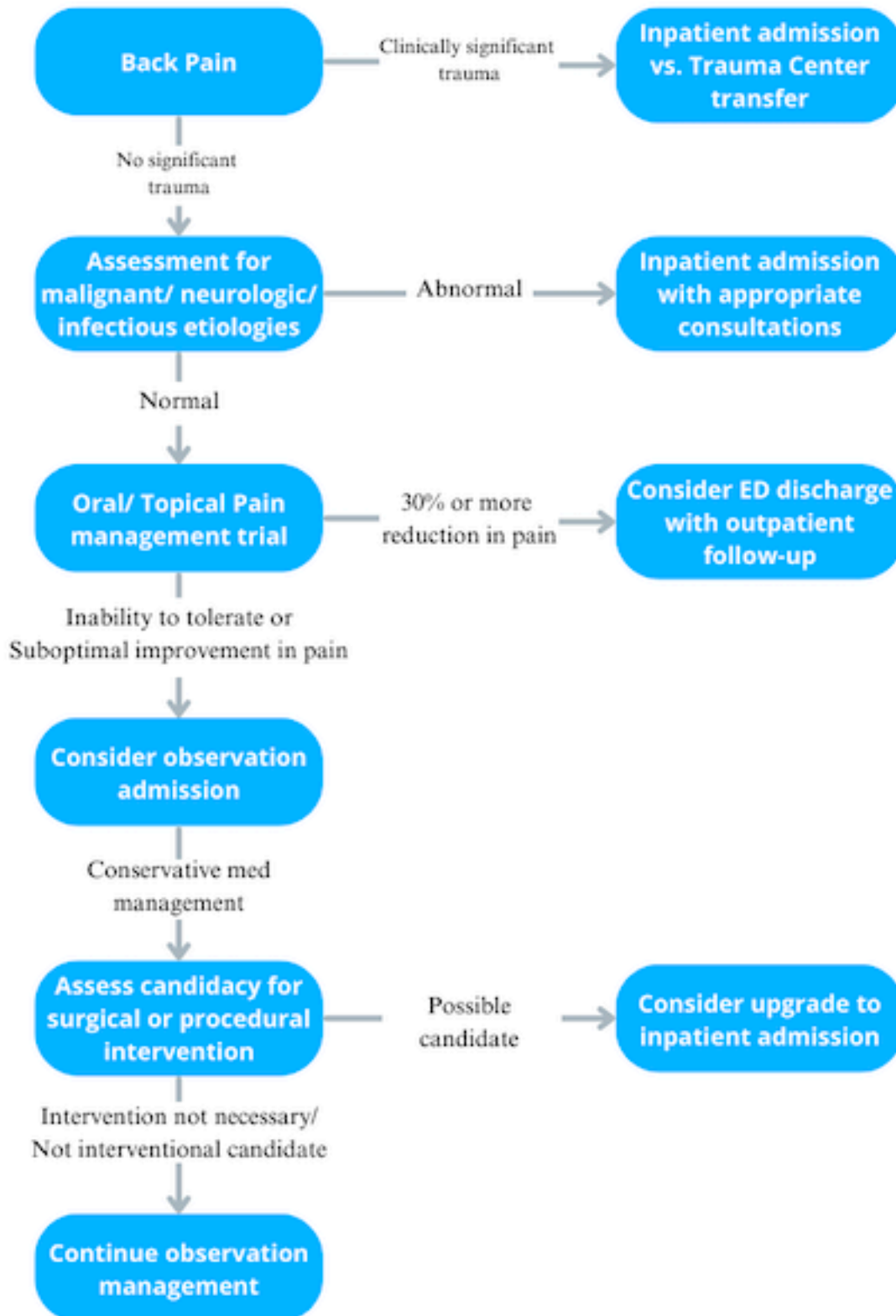
NOTE: The presence of radiculopathy alone is NOT an indicator for spinal cord injury

Absolute exclusion criteria for Observation unit admission:

- Significant trauma including other body systems or areas
- Abnormal or actively deteriorating neurologic exam
- New metastatic etiology of pain suspected or confirmed
- Infectious etiology of pain suspected or confirmed
- Operable abnormalities on imaging
- Spinal canal involvement with radiculopathy on imaging

² High risk characteristics for fracture include the following: recent history trauma, history Osteopenia/ Osteoporosis, chronic steroid use, Age > 65

Back Pain Observation Unit Admission Algorithm:



While on the Observation Unit, consider the following:

- Performing serial exams
- Patient mobilization by bedside staff with reservation of PT/ OT consultations for appropriately identified cases
- Pain management consultation as clinically indicated
 - Timely consultation and coordination for cases that may be candidates for procedures (ex. Kyphoplasty, nerve block, epidural steroid injections)
- Ortho spine/ Neurosurgical consultation as clinically indicated
- Trial IV steroids
- Early deescalation of IV narcotics to alternative routes using a multimodal pain management approach including NSAIDs, muscle relaxants, PT
- Assessment of living situation for safety barriers with case management involvement

For patients cleared for discharge after Observation management:

- Reassess the need for continued prescription analgesics
 - Check the PMP for any patients being discharged on controlled substances³
- Consider referrals and give clear follow-up instructions on discharge for continued outpatient care to the following services: pain management, neurosurgery/ ortho spine, PT/ OT
- Provide instructions for return to the ED if recurrent symptoms

Indications for upgrade from Observation to Inpatient admission:

- Inability to control symptoms with reasonable oral/ topical analgesic regimen after 48 hrs
- Pain management or surgical procedure planned
- Neurological decompensation
- Serious etiology of back pain identified

³ The Prescription Monitoring Program is available on the NYS Health Commerce website

Back Pain Imaging Algorithm:

