PROFORMA FOR ADMISSION UNDER SPINAL PATHWAY

Atraumatic Back Pain

<table>
<thead>
<tr>
<th>Inclusion / Exclusion criteria</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>☐ Red Flag for CES *; OR</td>
<td></td>
<td></td>
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<tr>
<td>☐ Red Flag for cancer/ infection; OR</td>
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<td>☐ Unable to mobilize despite analgesia</td>
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<td>Spinal fracture</td>
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<td>Renal colic / pyelonephritis</td>
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<td>Possibility of ruptured aortic aneurysm</td>
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<tr>
<td>In hard collar or requiring log-rolling</td>
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* If ticked, discuss immediately with ED Consultant re urgent MR scan.

If you have ticked any of the shaded boxes, the patient is NOT suitable for admission on the Back Pain pathway. Discuss with a Consultant if you are uncertain what to do.

Red Flags for cauda equina syndrome (CES)
- Saddle anaesthesia
- Recent onset of bladder dysfunction
- Recent onset of faecal incontinence
- Severe or progressive lower limb neurological deficit
- Anal sphincter laxity
- Perineal/ perineal/ sacral sensory loss
- Major motor weakness - knee extension, ankle plantar eversion, foot dorsiflexion

Red Flags for cancer/ infection
- Non-mechanical pain (unaffected by movement/posture)
- Age <20 or >55
- Thoracic pain
- PMH of carcinoma, HIV, IV drug abuse, or steroids
- Constitutional symptoms, e.g. fever, weight loss
- Structural deformity
- Widespread neurological symptoms/ signs (>1 root)

☐ I understand that I need to complete a HAT assessment and prescribe target oxygen saturations
☐ I understand that I need to prescribe (via EPMAR) drugs relevant to this presentation (NB Don’t forget to prescribe analgesics!)
Patient seen by: ..........................................................................................................................
(Name and signature of responsible clinician)

AND admission agreed by: ...........................................................................................................
(SRFT ED Consultant 08-24; SRFT Cons/ MG 24-08, whenever possible)
Patient’s Name................................................................................................................ Hospital Number......................................................

**History of presenting complaint**

**Past Medical History**

**Medications / Allergies**

**Social History**

**Examination findings**

General:

CVS:

Resp:

Abdo:

Clinician Name:................................................. Signature:.........................................................

February 2014
Patient’s Name……………………………………………………………………… Hospital Number…………………………...

Examination findings (continued)
Neuro examination (including PR)  

Key sensory points
- C5 - lateral aspect upper arm
- C6 - radial aspect thumb
- C7 - middle finger
- C8 - ulnar aspect little finger
- T4 - nipple
- T8 - xyphisternum
- T10 - umbilicus
- T12 - symphysis pubis
- L1 - groin
- L2 - medial aspect thigh
- L3 - medial aspect knee
- L4 - medial aspect lower leg
- L5 - dorsum of hallux
- S1 - lateral aspect foot

Key myotomes
- C5 - shoulder abduction
- C6 - elbow flexion
- C7 - elbow extensors
- C8 - finger flexors
- T1 - finger abductors
- L2 - hip flexors
- L3 - knee extensors
- L4 - ankle dorsiflexors
- L5 - big toe dorsiflexors
- S1 - ankle plantar flexors

Diagnosis / Problems

Plan (a brief summary should also be entered in EPR as a “Handover Document”)
- Emergency Department analgesia +/- small dose diazepam
- Prescribe analgesia on EPR - eg NSAID, paracetamol, codeine + PRN Oramorph, +/- diazepam, consider amitriptyline/gabapentin if significant radiculopathy
- Assess for any Red Flags for CES -> Present / Absent
  → Discuss with ED Consultant if available in ED re emergent MRI scan, otherwise discuss with ED Upper Grade; on scan request, write “Please inform ED Consultant via phone number 61340 if scan positive for CES”
- Assess for any Red Flags for cancer/ infection -> Present / Absent
  → Send FBC, CRP, ESR, biochem profile, +/- request imaging
- Recent spinal surgery: Refer to relevant team if post-op complication
- 08.00-17.00: Discuss with Back Pain Physio team (tel: 68372)
- Consider urgent MRI request in patients without CES features, but with new motor deficit
- Refer Spinal Team (09-19) or Neurosurg (19-09) if CES or other significant pathology identified on imaging
- Other (specify below, or document on EPR)

Name (Print)  Date
Signature  Time