

Back Pain Care Pathway

Admission Criteria to OBS

- Pain lasting longer than 4 weeks (sub-acute/chronic exacerbation) and outpatient treatment failure
- Trauma-related (in consultation with Spine)
- Inability to manage basic ADLs

Exclusion Criteria

- Red flag symptoms: new urinary retention, new urinary/fecal incontinence, saddle anesthesia, or significant motor deficits

ED assessment

- Acute: 4 weeks or less; Sub-acute: 4-12 weeks; Chronic: 12 weeks+
- Labs: 99% of patients -> none; others guided by H&P
- Consider: Imaging and/or Spine consult if have red flags, infection, cancer, or compression fracture concerns
 - cauda equina syndrome -> MRI
 - cancer -> plain film + ESR/CRP -> MRI
 - infection
 - high risk -> MRI
 - moderate risk -> plain film + ESR/CRP -> MRI
 - fracture -> plain film
- Avoid: Imaging if pain persists for < 4 weeks w/o red flags

OBS unit work up/treatment

- Sub-acute/Chronic exacerbation:
 - 1st line: NSAIDs rather than acetaminophen
 - 2nd line: non-BZ muscle relaxant
 - 3rd line: tramadol/duloxetine
 - limit opioids to extreme exacerbations
 - consider pain service consultation
- PT evaluation if ADLs affected
 - SWS for placement if recommended by PT
- +/- Spine consultation and recommendations

Discharge/transfer from OBS unit

- Home: Pain controlled, cleared by PT/able to complete ADLs
- Inpatient: New occurrence of "red flag" symptoms, concerning findings on lab/imaging work up, or Spine recommendations