ACUTE LOW BACK PAIN FLOWCHART

 Consider Serious Diagnosis as cause for low back pain senior doctor review recommended

YES

RED FLAGS

BACK PAIN FROM A NON-SPINAL CAUSE

YES - HD Stable

NON-PHARMACOLOGICAL THERAPY

• Encourage self management and support
• Encourage mobilisation
• Consider physiotherapy referral
• Psychological therapy (if required)

MILD PAIN

Paracetamol 1g, PO, q4-6h (Max 4g/d)
Ibuprofen‡ 400mg, PO, TDS

MODERATE PAIN

Paracetamol 1g, PO, q4-6h (Max 4g/d)
Ibuprofen‡ 400mg, PO, TDS
(Oxycodone§ 5mg, PO, q4h)
(Coloxyl + Senna 2, PO, BD)

SEVERE PAIN

Paracetamol 1g, PO, q4-6h (Max 4g/d)
Ibuprofen‡ 400mg, PO, TDS
Oxycodone§ 5-10mg, PO, q4h (Max 30mg/d)
(Coloxyl + Senna 2, PO, BD)

PAIN ASSESSMENT AND MANAGEMENT

Consider YELLOW FLAGS

YES

MEDICAL IMAGING

• No medical imaging is indicated
• Defer until after a trial of therapy

RE-ASSESSMENT AFTER TRIAL OF THERAPY FOR DISPOSITION PLANNING

• Pain well controlled
• Mobility assessment – independent or appropriate for discharge (consider stairs, social support, carer)

ADMISSION RECOMMENDED

• Reconsider diagnosis and red flags
• EDSSU
• Medical admission unit/ward

YES

DISCHARGE

• Letter, documentation
• Analgesia – prescription
• Referral – physio/GP
• Education and explanation
• Follow-up
• Representation criteria
• Factsheet

1 Caution with non-steroidal anti-inflammatory drug prescription in elderly (>75 years), renal dysfunction, peptic ulcer disease, asthma.
Alternatively a COX-2 (cyclooxygenase 2) inhibitor may be used. Caution in patients with congestive cardiac failure in addition to the above cautions.

2 Reduce dose to Oxycodone 2.5mg, orally, q4-6h, in elderly, >75 years