ACUTE LOW BACK PAIN FLOWCHART

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

RED FLAGS
- History of cancer
- Unexplained weight loss
- Severe pain when supine and/or at night
- Age <16 or >50 years
- History of significant trauma
- Intravenous drug abuse
- Recent bacterial infection or fever
- Immune suppression
- Saddle anaesthesia
- Bladder dysfunction
- Bowel dysfunction
- Neurological deficit in lower limb(s)
- Persistent symptoms for >4 weeks
- Pregnancy
- Representation

URGENT SENIOR DOCTOR REVIEW
Assessment, investigation and management of non-spinal cause

BACK PAIN FROM A NON-SPINAL CAUSE
YES - HD Stable
NO

START ON ACUTE LOW BACK PAIN MANAGEMENT PATHWAY

NON-PHARMACOLOGICAL THERAPY
- Encourage self management and support
- Encourage mobilisation
- Consider physiotherapy referral
- Psychological therapy (if required)

MEDICAL IMAGING
- No medical imaging is indicated
- Defer until after a trial of therapy

RED FLAGS
<12 weeks duration
1st presentation during this episode

YES

YELLOW FLAGS

PAIN ASSESSMENT AND MANAGEMENT
Consider

MILD PAIN
Pain scale 1-3

Paracetamol 1g, PO, q4-6h (Max 4g/d)
Ibuprofen¹ 400mg, PO, TDS

MODERATE PAIN
Pain scale 4-6

Paracetamol 1g, PO, q4-6h (Max 4g/d)
Ibuprofen¹ 400mg, PO, TDS
Oxycodone² 5mg, PO, q4h
Coloxyl + Senna 2, PO, BD

SEVERE PAIN
Pain scale >6

Paracetamol 1g, PO, q4-6h (Max 4g/d)
Ibuprofen¹ 400mg, PO, TDS
Oxycodone² 5-10mg, PO, q4h (Max 30mg/d)
Coloxyl + Senna 2, PO, BD

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