AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

Clinical Care Standards

QUICK GUIDE for emergency departments

Low Back Pain Clinical Care Standard

Quick guide for emergency departments

On presentation to emergency department with an acute episode of low back pain

ASSESS low back pain to screen for specific and/or serious pathology (such as spinal infection, cauda equina syndrome, vertebral fracture, malignancy, visceral disease, axial spondyloarthritis). Include:

- Targeted history (pain, past history, functional capacity)
- Physical examination, including a focused neurological examination when indicated
- Differential diagnoses (such as nephritis colitis, hip osteoarthritis, aortic dissection)
- Risk assessment for factors which may delay recovery (psychological, social, occupational, legal). Consider using risk assessment tools (STarT Back or Örebro).

Serious underlying pathology suspected?

☐ **YES**

ARRANGE appropriate investigation.

NOTE **Imaging is only indicated if specific and/or serious pathology is suspected**. MRI is preferred because it offers better sensitivity and a superior safety profile.

IMMEDIATELY REFER patients with:

- **Severe or progressively deteriorating neurological signs, suspected cauda equina compression, or new acute neurological deficit – for example, foot drop – for urgent imaging and surgical review**
- **Suspected spinal infection**.

☐ **NO**

Imaging

EXPLAIN that imaging:

- Is rarely helpful or indicated for low back pain
- Can create unnecessary concerns
- Often uncovers incidental findings with no clinical significance.

Communication tip

'Imaging is used when it is possible there is a serious cause, but otherwise it is not very good for identifying the cause of your pain.'

Education and reassurance

EXPLAIN

- The low risk for serious underlying disease
- The importance of maintaining or returning to normal activities including physical activity and work
- Avoiding long periods of bed rest will help improve recovery.

Communication tips

'We've done a good assessment and there is no indication that your back pain is associated with a serious condition.'

'Staying active and continuing daily activities as normally as possible (including work) will help you recover.'

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No signs of serious pathology. Is the patient able to mobilise for discharge?

☐ YES

PROVIDE information to reinforce key messages (scan the QR code).

ARRANGE for physiotherapist review in hospital or on discharge for patients at risk of a poor outcome.

DISCHARGE for early GP follow-up +/– physiotherapy referral.

Communication tips

'Most low back pain does not indicate specific disease or long-term disability.'

'Remember that your back is strong. Movements may be painful at first, like an ankle sprain, but they will get better as you gradually get active again.'

☐ NO

Pain medicines

EXPLAIN that the goal of pain medicines is to enable physical activity and self-management, not to eliminate pain completely (see **Communication tip** below).

DISCUSS the patient's individual expectations, preferences, comorbidities, needs and treatment goals.

PROVIDE information about:

- How pain medicines may be combined with physical activity to help improve function and mobility
- Risks, benefits and potential side effects.

PRESCRIBE the lowest effective dose for the shortest possible time, in line with current *Therapeutic Guidelines*.

DOCUMENT clear stopping goals.

NOTE Avoid anticonvulsants, benzodiazepines, and antidepressants. Consider opioid analgesics only in carefully selected patients, at the lowest dose for the shortest duration possible.

Communication tip

'Nowadays non-drug options are preferred over pain medicines to manage back pain. For now I'd suggest you stay as active as you can.'

More information

The *Low Back Pain Clinical Care Standard* describes an evidence-based approach to the early assessment, management, review and referral of patients with low back pain.

Clinicians

For more about the clinical care standard: safetyandquality.gov.au/lowbackpain-ccs.

Patient information

Consumer resources and information about low back pain: safetyandquality.gov.au/lowbackpain-consumers.

The Australian Commission on Safety and Quality in Health Care has produced this clinical care standard to support the delivery of appropriate care for a defined condition. The clinical care standard is based on the best evidence available at the time of development. Healthcare professionals are advised to use clinical discretion and consideration of the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian, when applying information contained within the clinical care standard.

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