



= YES = NO

(PLACE PATIENT LABEL HERE)

SURNAME: _____ NHI: _____

FIRST NAMES: _____

Date of Birth: ____ / ____ / ____ SEX: _____

LOWER BACK PAIN

Date: / / 20 Time: Clinician: CNS NP HS Reg SMO

HISTORY AND PRESENTING COMPLAINT

Mechanism / onset:

*Ask about trauma
No aggravating / relieving
factors: ? AAA or spinal
infections*

Location / duration:

24 hour pattern:

Aggravating factors:

Relieving factors:

SCREEN FOR IMPORTANT CLINICAL SYNDROMES

Cauda Equina

Tumour

Infection

Other

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Urinary retention | <input type="checkbox"/> History of cancer | <input type="checkbox"/> Fever | <input type="checkbox"/> Abdominal pain |
| <input type="checkbox"/> Incomplete voiding | <input type="checkbox"/> Night sweats | <input type="checkbox"/> IV drug use | <input type="checkbox"/> Chest pain |
| <input type="checkbox"/> Faecal incontinence | <input type="checkbox"/> Unremitting pain | <input type="checkbox"/> Immune compromise | <input type="checkbox"/> Haemoptysis |
| <input type="checkbox"/> Saddle anesthesia | <input type="checkbox"/> Pain at multiple sites | <input type="checkbox"/> Nausea and vomiting | <input type="checkbox"/> Flank pain |
| <input type="checkbox"/> Abnormal neurology | <input type="checkbox"/> Unexplained weight loss | | <input type="checkbox"/> Hematuria |
| | <input type="checkbox"/> Pain worse at night / lying down | | <input type="checkbox"/> Known AAA |

- None present Any of these present: High risk for significant pathology - SMO review

RELEVANT MEDICAL HISTORY

Nil relevant

- Back pain history:
 Osteoporosis / previous osteoporotic fractures:

MEDICATION / ALLERGIES

Nil regular medications

- Anticoagulants:
 Steroids
 Immune modulators:

No known allergies **ALLERGIES:**

EMERGENCY MEDICINE NOTES

7.7.201 B



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PREMORBID FUNCTIONAL STATUS & SOCIAL HISTORY

Independent: Yes No Details:

Stairs at home: Yes No

Occupation:

Drugs / ETOH:

VITAL SIGNS

Within normal limits

BP _____ mmHg

Pulse _____ bpm

Temp _____ °C

Resp Rate _____ min

SPO2 _____ %

Air NP Hudson: ____ l/min

Pain score ____ /10

GENERAL NOT distressed Distressed:

PAIN None Mild Moderate Severe

EXAMINATION

CVS Warm and well perfused

Pulses Normal

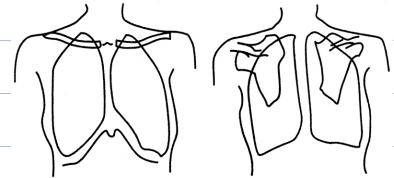
S1S2 Normal

RESPIRATORY

Air entry Normal

Breath sounds Vesicular

Added sounds No Yes:



ABDOMEN

Appearance Not distended Distended

Palpation Soft

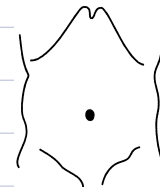
Pulsatile mass No Yes ? AAA

Acute abdomen No Yes e.g guarding or rebound tenderness

Renal angle tender No Yes ? Pyelonephritis

Bladder palpable No Yes ? Cauda equina

Post void volume _____ ml If concerned ? Cauda Equina. More than 100 ml is potentially significant - Senior review



OTHER



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PERIPHERAL NEUROLOGICAL *Abnormal neurology is an indication for plain film imaging, if not done already*

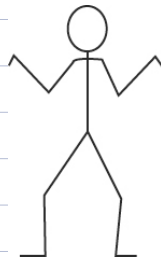
POWER		Right	Left
Hip Flexion	L2		
Knee Extension	L3		
Ankle dorsiflexion	L4		
Great toe extension	L5		
Ankle eversion/plantar flex	S1		
Toe flexion	S2		

Oxford scale	
0	No voluntary contraction
1	Flicker - no movement
2	Movement if gravity eliminated
3	Movement against gravity
4	Movement against some resistance
5	Normal muscle strength
NT	Not testable (e.g due to severe pain)

SENSATION Normal in all dermatomes

If abnormal: mark abnormal areas on the diagram on the right, and comment on :

2 point discrimination Normal or:

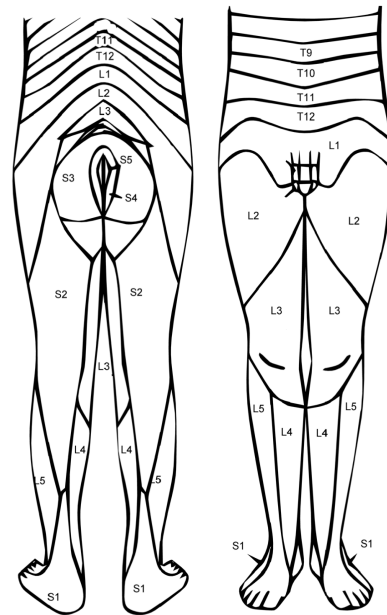


REFLEXES

- 0 Absent
- Reduced
- + Normal
- ++ Brisk
- +++ Pathological

Plantar reflex: ↓ ↑ ↓ ↑

Tone: - + - +



PR EXAMINATION Not performed

- Indications:
- Saddle anesthesia
 - Any abnormal neurology
 - ? Cauda equina
 - Presence of any red flags

Perianal sensation Normal

Rectal tone Normal

Performed by Dr:



BACK EXAMINATION & MOBILITY

Skin / soft tissue Normal ? Vesicles / blisters: ? Varicella Zoster

Bony tenderness None Percussion & palpation

Range of motion:

Straight leg raise:

Femoral stretch:

Gait:

P - Pain **T** - Tenderness **C** - Contusion **S** - Skin tear **A** - Abrasion **L** - Laceration **Ce** - Cellulitis



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RADIOLOGY *Indications Best Care Bundle pathway : Plain films page 1. MRI page 3*

Spine X-Ray: Normal

Fractures: None

Pathological lesions: None

Films reviewed by: Dr _____

HAEMATOLOGY		BIOCHEMISTRY				URINE	
Hb		Na ⁺		CRP		WCC	
WCC		K ⁺		β-HCG		RCC	
PL		Gluc		INR		Epi	
		Creat		ALP		Bacteria	
		Ca ²⁺					

↑ Inflammatory markers: ? discitis / epidural abscess / osteomyelitis. ↑ Ca²⁺ or ALP think malignancy. Discuss with SMO

CLINICAL IMPRESSION / DIAGNOSIS / PLAN

DIAGNOSIS: Likely simple mechanical lower back pain

Signs of Cauda Equina None or Describe:

Signs of spinal infection None or Describe:

Other:

PLAN

Allied health review: Physiotherapy
only if benefit likely

NSH 931905

WTH 021 854 358 / 931659

Mon-Fri 8am-3pm Sa/Su 8am-1pm

Mon-Fri 8am-4pm

DISPOSITION

Refer to page 2 and 3 for disposition decision guidance. Interdepartmental agreement

Discharge

Admit Ortho

Admit Gen Med

Admit AT&R

Clinician Name: _____ Designation: _____ Sign: _____ Contact details: _____

For junior staff: Discussed with Reviewed by SMO: _____