

# Back Pain

## History

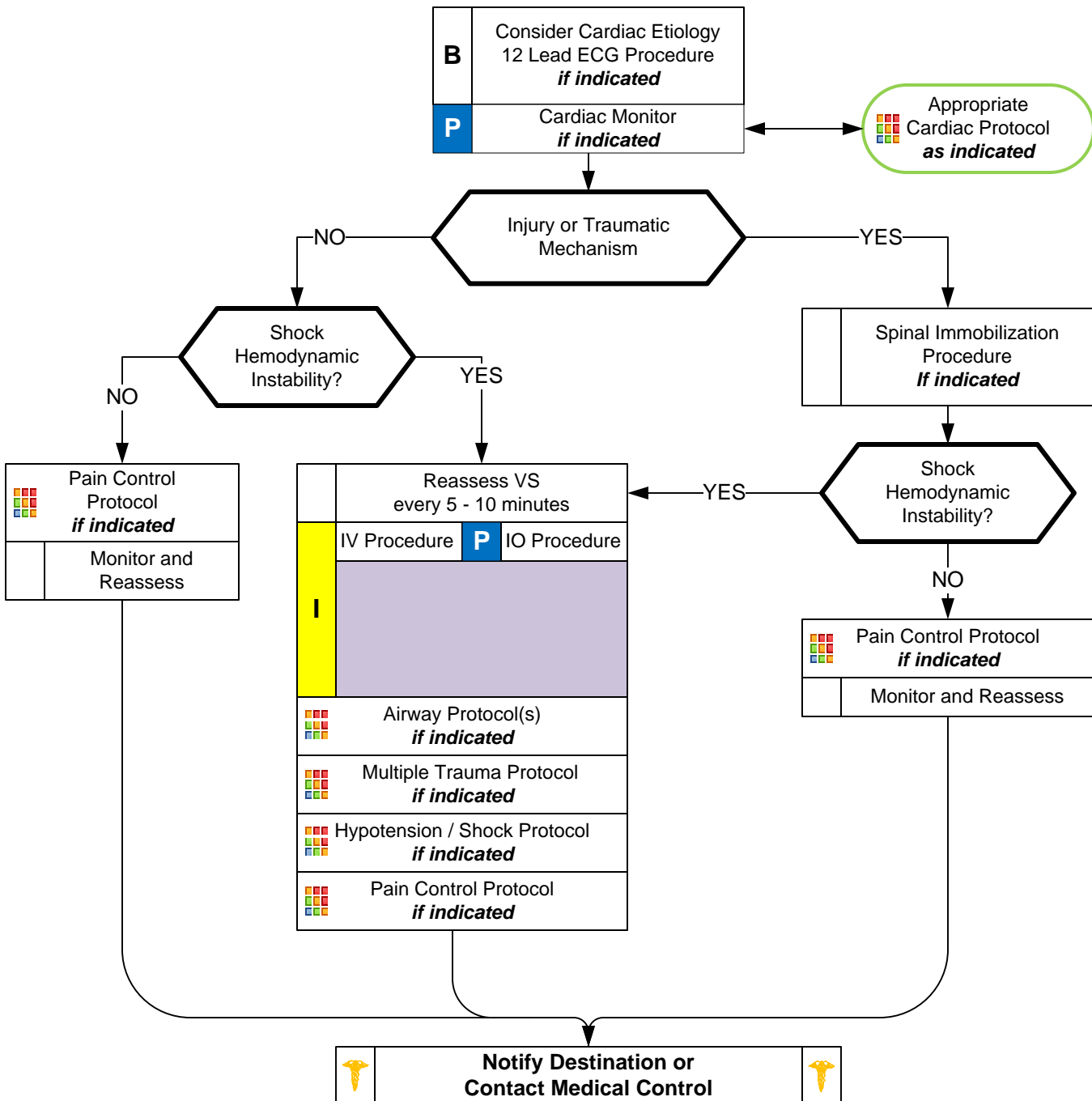
- Age
- Past medical history
- Past surgical history
- Medications
- Onset of pain / injury
- Previous back injury
- Traumatic mechanism
- Location of pain
- Fever
- Improvement or worsening with activity

## Signs and Symptoms

- Pain (paraspinous, spinous process)
- Swelling
- Pain with range of motion
- Extremity weakness
- Extremity numbness
- Shooting pain into an extremity
- Bowel / bladder dysfunction

## Differential

- Muscle spasm / strain
- Herniated disc with nerve compression
- Sciatica
- Spine fracture
- Kidney stone
- Pyelonephritis
- Aneurysm
- Pneumonia
- Spinal Epidural Abscess
- Metastatic Cancer
- AAA



## Protocol 5



# Back Pain

## Pearls

- Patients with underlying spinal deformity should be immobilized in their functional position.
- Abdominal aneurysms are a concern especially in patients over the age of 50 and / or with vascular or hypertensive disease.
- Kidney stones typically present with an acute onset of flank pain which radiates around to the groin area.
- Patients with midline pain over the spinous processes should be spinally immobilized.
- Any bowel or bladder incontinence is a significant finding which requires immediate medical evaluation
- In patient with history of IV drug abuse a spinal epidural abscess should be considered.

## Protocol 5

Any local EMS System changes to this document must follow the NC OEMS Protocol Change Policy and be approved by OEMS