**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 (paraspinal, 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

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**Universal Patient Care Protocol**

1. **Spinal Immobilization Protocol**
   - Yes
     - Injury or traumatic mechanism
       - No
         - Orthostatic Blood Pressure
           - Positive
             - IV Protocol
               - Normal Saline Bolus
             - Pain Control Protocol
           - Negative
             - Yes
               - Notify Destination or Contact MC
             - No
               - Medical Control

**Legend**
- MR
- B
- EMT
- I
- EMT- I
- P
- EMT- P
- M
- Medical Control

**Pearls**
- **Recommended Exam:** Mental Status, HEENT, Neck, Chest, Lungs, Abdomen, Back, Extremities, Neuro
- Abdominal aneurysms are a concern in patients over the age of 50
- 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.