

SYMPTOMS: Back pain or discomfort due to a non-traumatic cause or pain due to non-acute trauma (e.g. chronic pain condition).

### Assessment, Treatment and Interventions

#### ALL LEVELS

1. Assess and manage airway.
2. Obtain and monitor vital signs including pulse, respiratory rate, and blood pressure.

#### EMR-O; EMT-R

3. Obtain and monitor SpO<sub>2</sub>.
4. Evaluate and manage pain per the [Pain Management guideline \[M-11\]](#).
5. Assess for life-threatening causes of back pain to include:
  - a. Spinal cord compression (e.g. from spinal epidural abscess, malignancy, spinal epidural hematoma for patients on anti-coagulants)
    - i. Urinary or bowel incontinence
    - ii. Inability to walk due to weakness
    - iii. New neurologic deficits in extremities
    - iv. Loss of sensation in saddle distribution
  - b. Aortic dissection or ruptured abdominal aortic aneurism (AAA)
    - i. Unequal femoral or distal lower extremity pulses
    - ii. "Pulsing" abdominal mass
    - iii. Associated abdominal pain and/or chest pain
    - iv. Known history of abdominal aortic aneurism or dissection
  - c. Pyelonephritis (severe inflammation of kidney/bacterial infection)
    - i. Fever
    - ii. Nausea/vomiting
    - iii. Urinary frequency/urgency
    - iv. Dysuria (painful or difficult urination)
    - v. Hematuria (blood in urine)
    - vi. Abdominal pain
    - vii. Costovertebral angle tenderness to percussion
6. Assess for signs of shock. If shock is present, treat per appropriate [Shock guideline \[M-13\]](#).
7. Assess for non-life-threatening causes of back pain such as kidney stones.
  - a. Unilateral flank pain
  - b. Nausea and/or vomiting
  - c. Possible hematuria (blood in urine)
  - d. History of kidney stones

#### AEMT-R

8. Provide vascular access as necessary to provide analgesia and/or fluid resuscitation.

#### PARA

9. Provide analgesia per [Pain Management guideline \[M-11\]](#).
10. Provide antiemetics per [Nausea-Vomiting guideline \[M-10\]](#).