EMERGENCY MEDICINE PRACTICE
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Risk Management Pitfalls For Low Back Pain

1. **"I didn't realize that he had a prior history of melanoma that was resected 2 years ago."** Red flag signs, symptoms, and history are essential in the management of these patients. While some of these syndromes (eg, cauda equina syndrome, epidural abscess) are uncommon in the general population, they become a real possibility in the patient with metastatic cancer or in the patient who injects drugs.

2. **"My 70-year-old male patient with back pain had syncope in the waiting room and was rushed to the trauma bay. I thought the systolic pressure of 70 mm Hg was just an error, as the repeat was 120 mm Hg."** More thought needs to be given to older patients with back pain, as their symptoms may be arising not from typical muscular/discogenic/degenerative joint disease sources; they may be harboring a leaking abdominal aortic aneurysm or metastatic cancer. Consider systemic symptoms such as weight loss, fever, abdominal pain, and syncope as well as risk for peripheral vascular disease.

3. **"I remember seeing this patient 4 times this past year for toothache and headache. Now he has back pain! He does have a fever this time though, very clever!"** Even patients who are drug-seeking have real back pain. Some patients who inject drugs have infections that are the cause of this pain. There is no single laboratory test or examination finding that will rule out vertebral osteomyelitis or discitis.

4. **"The patient in bay 3 status post motor vehicle collision looks familiar. Oh yes, I just saw him for low back pain."** The medications prescribed for back pain can cause sedation; especially muscle relaxants in combination with opioids. Be sure to remind patients that they should not drive or perform dangerous tasks while using them.

5. **"While I was waiting for the patient to be discharged, he had a tonic-clonic seizure."** Know the side effects of the medications that you prescribe. Tramadol can decrease the seizure threshold and should not be used in patients who are at risk for seizure.

6. **"The patient told me he has had back pain and urinated on himself. I was very concerned and transferred him for emergency MRI. The MRI was normal, and I don't understand why."** Overflow incontinence and urinary retention are worrisome findings and do require emergent evaluation. However, sometimes patients just cannot make it to the bathroom because of back pain and physical limitations. Determining the cause of incontinence and assessing for postvoid residuals will improve imaging utilization.

7. **"The patient was just seen by the pain management specialist and had an epidural steroid injection yesterday. He is here again with back pain, and he cannot walk. He seems weak in his legs, but that's just pain."** Patients who are status postprocedure are at increased risk for developing complications that include epidural hematoma and spinal infection. These patients need imaging if they have new neurologic findings.

8. **"This patient has new paraspinal back pain and atrial fibrillation and is on warfarin. He has a hematocrit of 25, down 10 points, and is guaiac negative. His international normalized ratio is 4.8. His neurologic examination is unrevealing. I am going to send him home."** Be more vigilant in patients with other medical problems who are on medications that cause bleeding. This patient could return to the ED after a syncopal episode and have a retroperitoneal hemorrhage.

9. **"I just saw a 36-weeks' pregnant female with paraspinal/flank pain and mild nausea. I evaluated her baby with bedside ultrasound, and things seemed normal. I planned to discharge her, but then I found she had a fever of 38.3°C."** While back pain and sciatica are common in pregnancy, you should consider other causes in your differential. This patient could also have a urinary tract infection.

10. **"I should have thought of other causes of urinary retention in this 67-year-old male patient before placing the catheter and sending him home for urology follow-up."** Advanced age is a red flag sign; instead of benign prostatic hyperplasia with back pain, he could have had prostate cancer with spinal metastasis and cauda equina syndrome.

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