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Back Pain in Emergency Care

A Qualitative Study of Clinicians' Experiences

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Background

- Patients experiencing back pain contact ambulance services in similar numbers to those with stroke/TIA (Capsey et al., 2022a)
- It is one of the top ten reasons for patients to present at ED
- International research suggests <1% have serious or life-threatening causes, 85-95% have no clear organic cause (Foster et al., 2018; Hartvigsen et al., 2018; Buchbinder et al., 2020; NICE, 2020)
- Rates of non-spinal and potentially serious pathologies are much higher in emergency care (Capsey et al., 2022a & 2022b; Lovegrove et al., 2011; Edwards et al., 2018)

Research Aims

To explore the experiences of emergency clinicians in caring for patients experiencing back pain

- Understanding of the term “back pain”.
- Perceptions of whether these patients make up a significant proportion of the clinicians’ case load.
- The care that clinicians provide and their confidence in offering that care.
- Opinions of what, if anything, would improve care for this patient group.

Methods

- Semi-structured interviews
- Interview schedule developed in consultation with patient and professional representatives.
- Reflexive Thematic Analysis (Braun and Clarke, 2017 & 2019)
- Analysis conducted by one experienced academic paramedic, “insider”
- Oversight and review by three others, “outsiders”

Results

- 13 interviews
- 2 ED doctors
- 6 Paramedics
- 1 ED Nurse
- 3 Advanced Practitioners
- 1 Consultant Physiotherapist

Results

- 4 themes
- 10 sub-themes

Back Pain in EMS

Understanding Back Pain

Back Pain is a symptom with many different causes, and we have to find the serious ones

Experience and stories plug gaps in practitioner training

EMS can be a legitimate choice for patients

Patient access EMS because they are worried or in pain

EMS takes its time

EMS is the back stop

Benign or Sinister?

Whilst back pain is common, non-specific back pain is less common than might be expected

Red flag, rule out and refer the rest

Treatment Options

Non-advocated treatments

Entonox has a place-helping patients mobilise

Feeling supported

Understanding Back Pain

- Back Pain is a symptom with many different causes, and we have to find the serious ones
- Experience and stories plug gaps in practitioner training

Back pain causes given by interviewees	
Abdominal Aortic Aneurysm	Myocardial infarction
Abscess	Nerve compression
Anatomical deformities	Nerve root irritation
Ankylosing Spondylosis	Neurological deterioration
Appendicitis	Obstruction
Arthritis	Osteoarthritis in the back
Cancer	Osteoporotic fracture
Car accident	Pancreatitis
Cauda equina syndrome	Pelvic sarcoma
Compressive pathology	Piriformis irritation
Disc prolapse/slipped disc	Pregnancy
Discitis	Pregnancy related problems
Distracting injury	Pulmonary embolism
Facet joint arthritis	Pyelonephritis
Fractures	Renal Colic
Infection	Sciatica
Kidney infection	Scoliosis
Kidney problems	Sedentary lifestyle
Kidney stones	Sepsis/multi-organ failure
Lordosis	Serious injury
Metastatic prostate cancer	Spinal trauma
Metastatic spinal cord compression	Sprains
Muscle ache from bad posture	Stable fracture
Muscle pains	Trapped nerve
Muscle spasm	Tumour
Muscular injury	Urinary tract infection

EMS can be a legitimate choice for patients

- Patient access EMS because they are worried or in pain
- EMS takes its time
- EMS is the back stop



Benign or Sinister?

- Whilst back pain is common, non-specific back pain is less common than might be expected
- Red flag, rule out and refer the rest

Red Flags given by interviewees	
(Anterior) abdominal pain	Loss of limb power
Acute onset	Loss of mobility
Altered sensation	Loss of sensation
Big change in temperature	Neurological deterioration
Bilateral radiating pain	Neurological impairment
Bilateral sciatica	Night sweats
Constipation	Not getting better despite self-care
Entonox doesn't help	Numbness
Fast onset	Paraesthesia
Foot drop	Paralysis
High levels of pain	Physical findings don't fit the history
History of cancer	Pins and needles
History of trauma	Reduced mobility
If it's stopping their daily routine	Saddle anaesthesia
Incontinence (bowel or bladder)	Unexplained weight loss
Increased pain when laid down	Urinary obstruction

Treatment Options

- Non-advocated treatments
- Entonox has a place- helping patients mobilise
- Feeling supported



Conclusions

- Emergency Clinicians approach backpain as a symptom but recognise that it can be a diagnosis.
- Patients experiencing back pain are a noticeable proportion of the emergency caseload, however there are perceived to be more serious pathologies than in primary care.
- Emergency clinicians are confident in the care they provide, setting specific guidance is lacking, and they may move outside of current guidance.
- Further education and sector specific guidance would be welcome.

Next steps

- Establish evidence to underpin setting specific guidance.
- Establish evidence on the use of inhaled analgesics in acute exacerbations of chronic pain.

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