

ADULT ACUTE LOW BACK PAIN SAFE HARBOR

Definition: A safe harbor is a special type of clinical practice guideline which, under existing federal law, may serve as the legal standard of care, not just evidence of the standard of care.

Low Back Pain Safe Harbor: If a patient with acute low back pain satisfies all safe harbor inclusion criteria and does not meet any exclusion criteria, no imaging is required, and the patient may be discharged with specific instructions. If a patient is excluded from the safe harbor, then imaging decisions are per customary practice.

The following safe harbor criteria are based upon published low back pain prediction tools and guidelines¹⁻¹³ including the *American College of Radiology's Appropriateness Criteria*¹, *UpToDate*,¹³ and the Choosing Wisely initiative of the *American Board of Internal Medicine Foundation*.¹⁴

A. Inclusion Criteria

If a patient satisfies each of the following criteria, then that patient is included within the Adult Acute Low Back Pain Safe Harbor. If any criterion is not satisfied, the patient is excluded from the Adult Acute Low Back Pain Safe Harbor.

1. The patient presents to the emergency department with acute low back pain of 6 or fewer weeks duration.
 2. The patient is at least 18 years and under 60 years old, and the patient can provide a reliable history.
 3. In the judgment of the treating provider, the patient is capable of follow-up within 72 hours if symptoms worsen or warning signs develop as detailed in the patient discharge instructions.
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B. Exclusion Criteria

If the patient satisfies any of the following criteria, then that patient is *excluded* from the Acute Low Back Pain Safe Harbor. Meeting a single criterion from either the history criteria or the examination criteria is sufficient to exclude the patient from the safe harbor.

1. *History:* The patient is excluded from the safe harbor if the patient's history includes any of the following:
 - a. Cervical or thoracic back pain
 - b. Unexplained fever, chills, or night sweats.

- i. A fever is defined as a measured oral temperature of 100.4° F (38° C) or greater.
 - c. Confirmed current or past diagnosis of malignancy
 - d. Unexplained weight loss
 - e. Any history of intravenous drug use
 - f. Bowel or bladder dysfunction, suspected cauda equina syndrome
 - g. Abdominal pain
 - h. A dangerous mechanism of injury causing the acute low back pain.
 - i. Dangerous mechanism of injury is defined as the following:
 - 1. Ejection from a motor vehicle,
 - 2. Pedestrian struck by a motor vehicle,
 - 3. A fall from a height of more than 3 feet, or
 - 4. A fall down more than 5 steps.
 - i. Immunocompromised states
 - i. Immunocompromised states are defined as the following:
 - 1. HIV
 - 2. Use of any immunosuppressive medications
 - 3. Use of any systemic steroids
 - j. Recent spinal procedure (within 12 weeks)
 - k. Diagnosed osteoporosis
 - l. Current use of medications known to cause bone loss or increased fracture risk in patients not otherwise excluded from the safe harbor. These medications include the following:
 - i. Anticoagulants: heparin, LMWH, warfarin
 - ii. Systemic corticosteroids
 - iii. Medroxyprogesterone acetate
 - iv. Loop diuretics
 - v. Methotrexate
 - vi. Phenytoin, carbamazepine, primidone, and phenobarbital
 - vii. Any proton pump inhibitors (used >1 year)
 - viii. Antidepressants
 - ix. Thiazolidinediones
2. *Examination:* The patient is excluded from the Acute Low Back Pain Safe Harbor if the care provider's examination of the patient reveals any of the following:
 - a. Weakness
 - b. Motor neurologic deficit
 - c. Bowel incontinence or urinary retention
 - d. Bony point tenderness, step-off abnormality, or spinal deformity
 - e. Gait abnormality
 - f. Hypo/hyperreflexia

- g. Lower extremity atrophy
- h. Saddle anesthesia

Discharge Instructions for those patients satisfying safe harbor criteria

If a patient satisfies all of the safe harbor inclusion criteria and does not meet any of the safe harbor exclusion criteria, the care provider should discuss discharge instructions with the patient and give him or her a discharge instruction sheet to take home and share with family members and/or caregivers.

The care provider should be sure to:

Instruct patients to schedule a follow-up appointment for new or worsening symptoms or for symptoms persisting for longer than four to six weeks. They should also be counseled on concerning symptoms that would warrant emergent evaluation (e.g., bowel or bladder incontinence, saddle anesthesia, gait difficulties, significant weakness, or others as detailed in the patient discharge instructions).

The patient acknowledges being instructed on the need for follow-up and agrees to follow up within 72 hours if symptoms worsen or warning signs develop as detailed in the patient discharge instructions. This may be through a primary care provider or repeat emergency department visit.

Patient's acknowledgment of receipt of discharge instructions, including the patient's acknowledgment of being instructed on the need for follow-up and agreement to follow up, should be secured. NIH low back pain fact sheet for patients is available at:

<https://www.ninds.nih.gov/Disorders/Patient-Caregiver-Education/Fact-Sheets/Low-Back-Pain-Fact-Sheet>¹⁵

Example patient discharge instructions:

<https://myhealth.alberta.ca/Health/aftercareinformation/pages/conditions.aspx?hwid=ut3391>¹⁶

<https://www.drugs.com/cg/acute-low-back-pain-discharge-care.html>¹⁷

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