

Screening for red flags

The term 'red flags' refers to clinical features that help to identify the presence of potentially serious conditions. Such conditions include tumours, infection, fractures and neurological damage.

Screening for serious conditions must occur during history taking at initial assessment and may be followed up with specific physical tests during examination. Red flags indicate the need to consider further investigation and/or referral to an appropriate specialist.

Clinical red flags include:

- > cauda equina syndrome
Features of cauda equina syndrome include some or all of: urinary retention, faecal incontinence, widespread neurological symptoms and signs in the lower limb(s), gait abnormality, saddle area numbness and a lax anal sphincter.
Acute cauda equina syndrome is a medical emergency and requires urgent hospital referral.
- > significant trauma
- > weight loss
- > history of cancer
- > fever
- > intravenous drug use
- > steroid use
- > patient over 55 years at age of onset
- > severe, unremitting night-time pain.

If red flags are present the following approach is recommended:

- > all patients with symptoms or signs of Cauda Equina Syndrome should be referred urgently to a hospital for orthopaedic or neurosurgical assessment
- > patients with red flags should be investigated appropriately and referred to a specialist if indicated by clinical findings and test results
- > investigations in an episode of acute low back pain do not provide clinical benefit, unless there are red flags. Radiological imaging (X-rays and CT scans) carry the risk of potential harm from radiation-related effects and should be avoided if not necessary for diagnosis or management.
- > a full blood count and ESR should usually be performed only if there are red flags. Other tests may be indicated depending on the clinical situation
- > remember red flag pathology may lie outside the lumbar region and may not be detected by radiology.