

Suspected Cauda Equina Syndrome

Affix Label

SURNAME:

FORENAME:

CHI:

DOB:

DATE:

ARRIVAL TIME:

GP Referral to Attending Reg 3994 (08:00-17:00)

Patient attends Emergency Department:

Patients **must** have the following features¹:

- Dysfunction of **bladder, bowel or sexual function**
- Sensory** changes in **saddle** or **perianal** area

With possible associated symptoms:

- Back pain (with/without sciatica)
- Sensory changes in lower limbs
- Lower limb weakness
- Reduction or loss of reflexes in the lower limbs
- Unilateral or bilateral symptoms

Assessing doctor

- Name:
- Grade:
- GMC:
- Time:

Duty ED Consultant

-Name:

YES

NO

Refer to specialist physiotherapist in ED or MSK back service

Emergency Department:

-Refer to Specialist Physiotherapist (APP) in ED when on duty or Trauma and Orthopaedic Receiving Registrar (3368)

Referrer

- Name:
- Time:

Seen by APP when on duty or Trauma and Orthopaedics registrar:

Suspected CES:

YES

NO

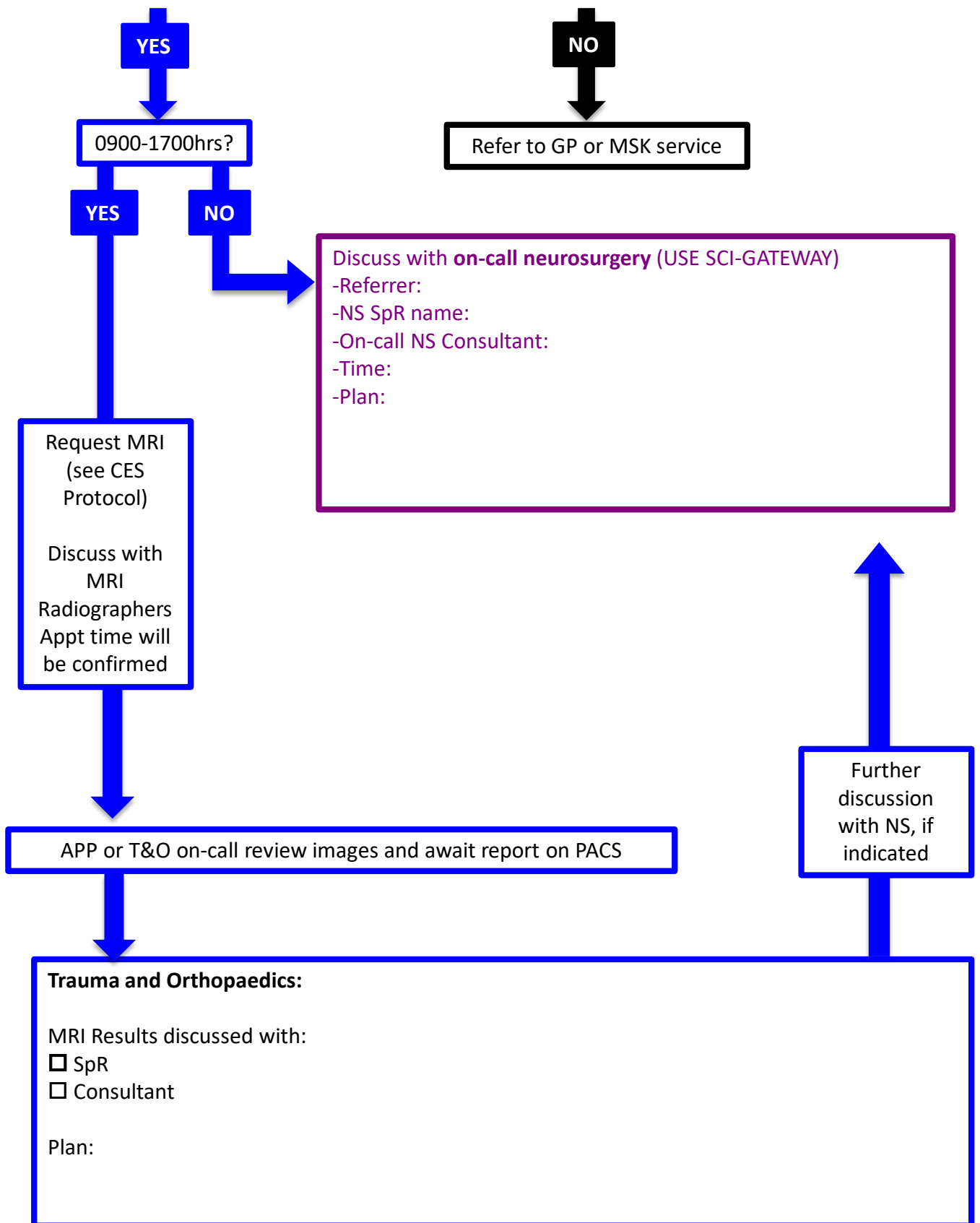
Ortho Registrar/ APP

- Name:
- Grade:
- GMC/HCPC:
- Time:

T&O Consultant on-call

-Name:

PLEASE TURN OVER



Reference: TODD, N.V. & DICKSON, R.A., 2016. Standards of care in cauda equina syndrome. *British Journal of Neurosurgery*. 30 (5), pp. 518-522.

Effective from: 28/08/2024
 Review date: 28/08/2027
 Dissemination – Athena

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 Lead Reviewer – Orthopaedic Clinical Director
 G066-Version 3.0