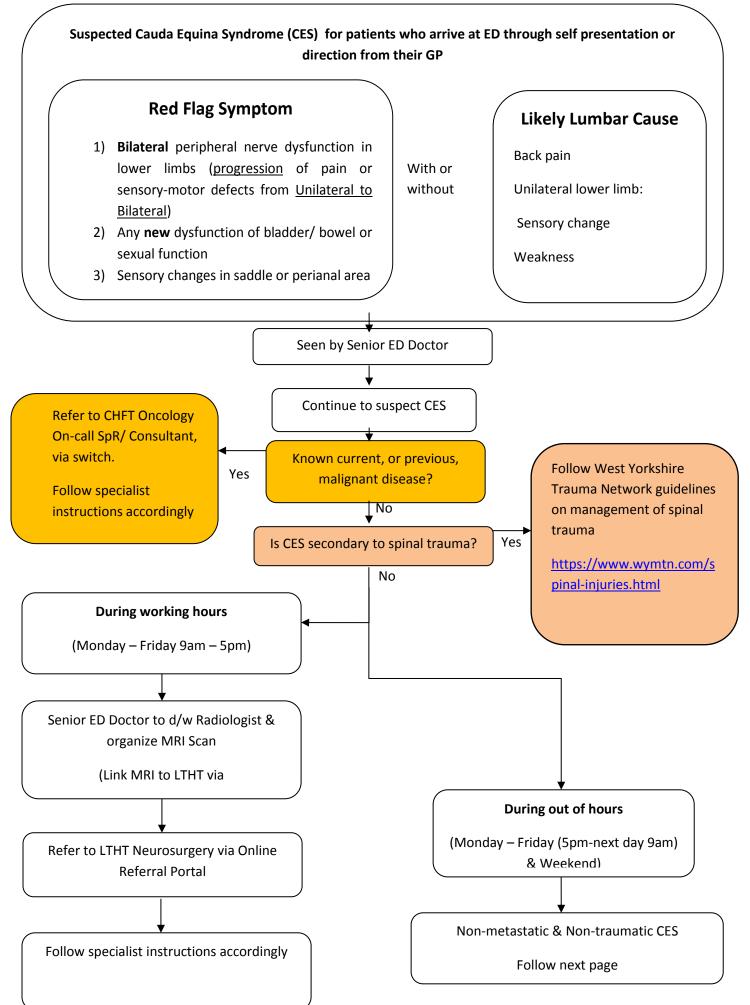
Management Protocol for Suspected Cauda Equina Syndrome in CHFT



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Suspected Cauda Equina Syndrome

(non-traumatic & non-metastatic)

during out of hours

Neurosurgical Online Referral

Give clinical information led leading to suspicion of CES, specifically stating duration since onset of red flag symptoms

Specifically ask the questions and document the response in EPR

"We cannot access MRI overnight – Does this patient need MRI scan IMMEDIATELY with a view to emergency surgery. If so, will need transfer for MRI.

Alternatively, we will arrange MRI tomorrow morning and inform you of the result.

If needs immediate MRI

- Follow specialists advice
- Urgent transfer to LGI for MRI
- Patient can be transferred back if CES is excluded on MRI, to address any other issues eg severe back pain
- Inform on-call Orthopaedics & book a bed on an Orthopaedic ward (outlied to SAU if no capacity)
- Follow specialists advice

If for MRI scan first thing next morning and patient not fit to go home

- Patient admitted under the Orthopaedic team. A bed booked on an Orthopaedic ward (outlied to SAU if no capacity)
- Orthopaedic team request the MRI for the patient to be completed the following day

If for MRI scan first thing next morning and patient fit to go home

- 1. ED doctor orders MRI on EPR.
- 2. Handover from the ED Doctor to the Orthopaedic SHO
- 3. Patient now under the care of the Orthopaedic team
- 4. Orthopaedic SHO to add the patient to the trauma sheet
- Patient discussed at the 8am trauma meeting and the patient details emailed by the Orthopaedic SHO to <u>radflow@cht.nhs.uk</u> as safety net.
- 6. Radiology book the MRI and contact the patient with the time they need to attend
- Radiology contact Cedarwood so they are aware what time the patient is attending
- 8. Patient attends for MRI
- 9. Patient waits on Cedarwood to await report and Orthopaedic decision