# Management Protocol for Suspected Cauda Equina Syndrome in CHFT

**Suspected Cauda Equina Syndrome (CES) for patients who arrive at ED through self presentation or direction from their GP**

## Red Flag Symptom

1) **Bilateral** peripheral nerve dysfunction in lower limbs (progression of pain or sensory-motor defects from Unilateral to Bilateral)
2) Any **new** dysfunction of bladder/ bowel or sexual function
3) Sensory changes in saddle or perianal area

With or without

## Likely Lumbar Cause

Back pain

Unilateral lower limb:

Sensory change

Weakness

Seen by Senior ED Doctor

Continue to suspect CES

Known current, or previous, malignant disease?

Yes → Refer to CHFT Oncology On-call SpR/ Consultant, via switch.

Follow specialist instructions accordingly

No

Is CES secondary to spinal trauma?

Yes → Follow West Yorkshire Trauma Network guidelines on management of spinal trauma

https://www.wymtn.com/spinal-injuries.html

No

**During working hours**

(Monday – Friday 9am – 5pm)

Senior ED Doctor to d/w Radiologist & organize MRI Scan

(Link MRI to LTHT via

Refer to LTHT Neurosurgery via Online Referral Portal

Follow specialist instructions accordingly

**During out of hours**

(Monday – Friday (5pm-next day 9am) & Weekend)

Non-metastatic & Non-traumatic CES

Follow next page

# Management Protocol for Suspected Cauda Equina Syndrome in CHFT

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
5. Patient discussed at the 8am trauma meeting and the patient details emailed by the Orthopaedic SHO to radflow@cht.nhs.uk as safety net.
6. Radiology book the MRI and contact the patient with the time they need to attend
7. 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