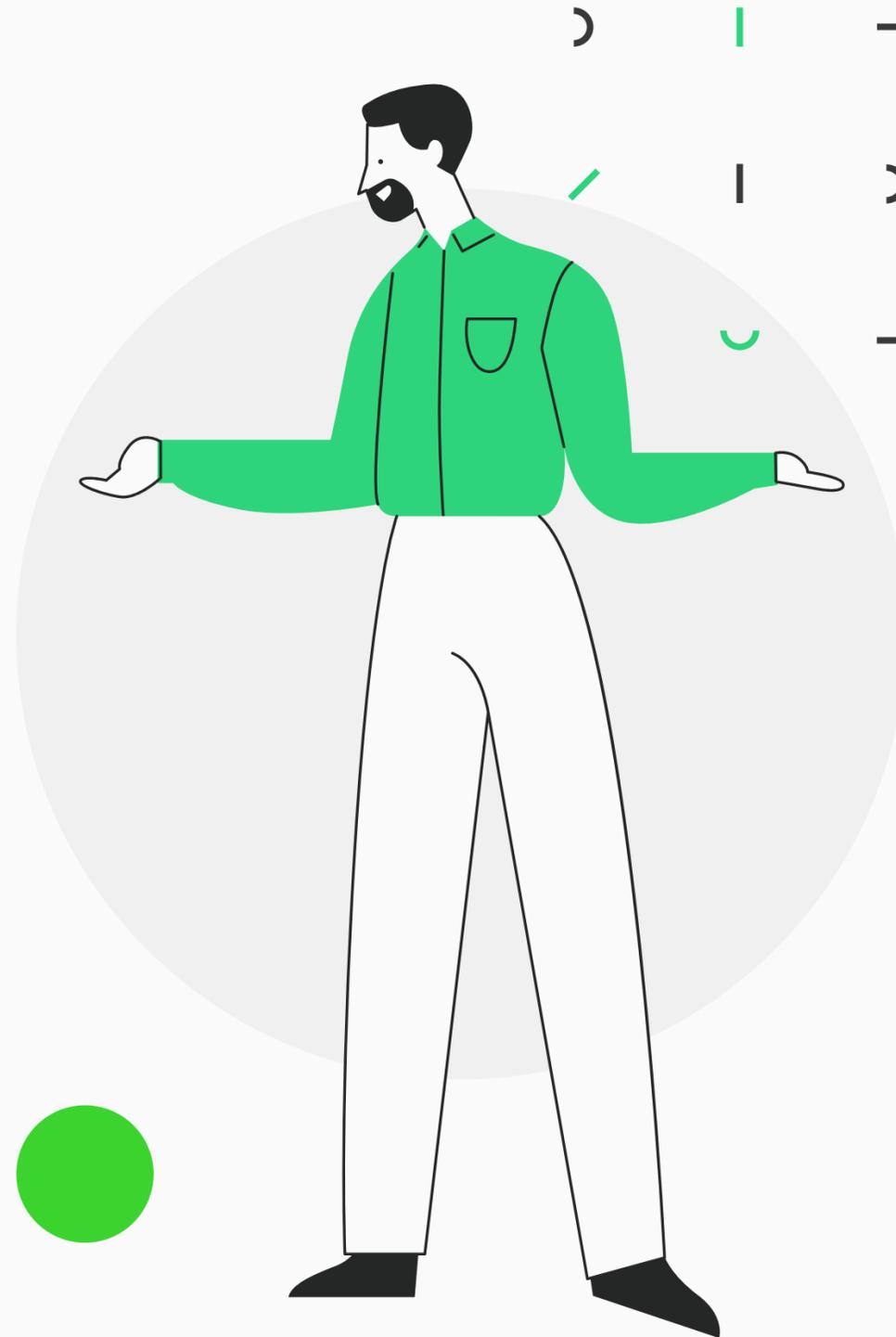


**THERAPEUTIC
PROTOCOLS
ARE IMPORTANT
IN SPINAL CORD
COMPRESSION**

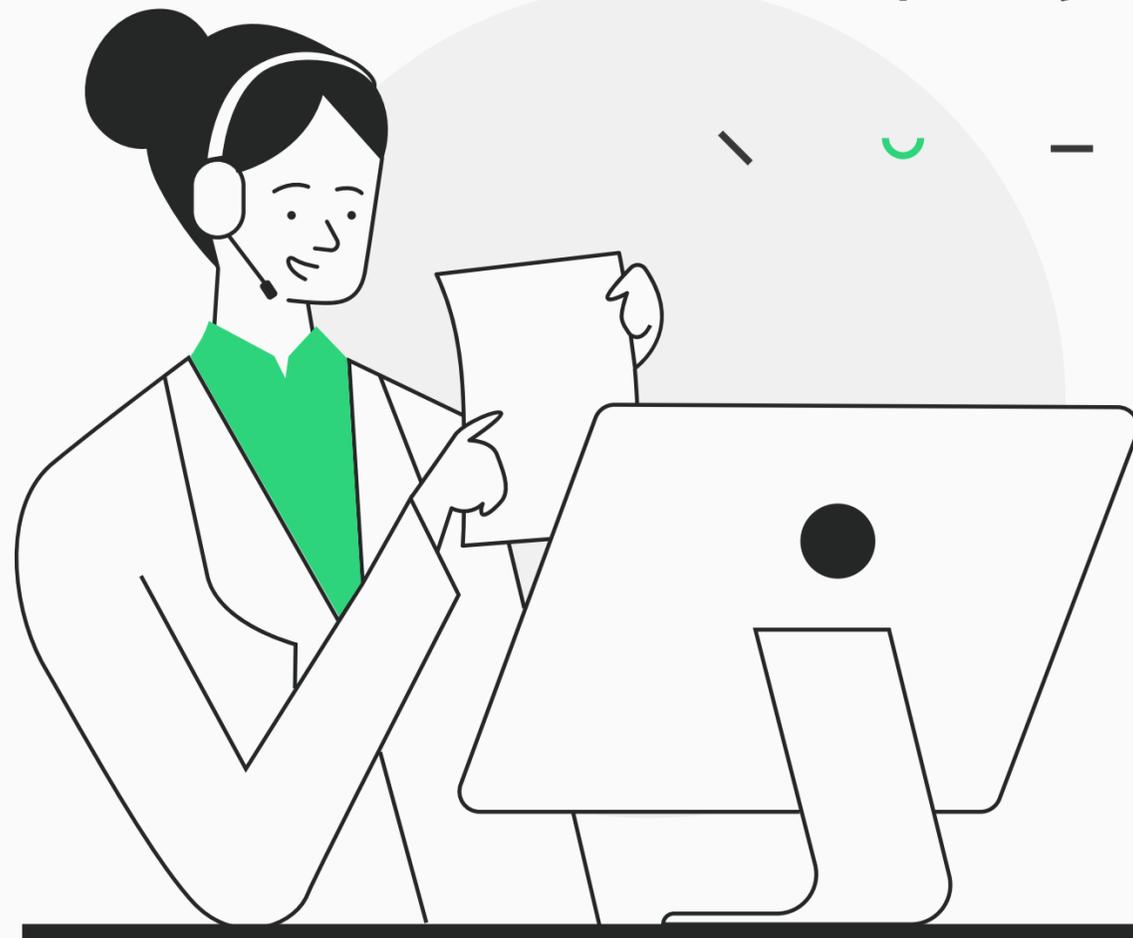
But usually they
are implemented
when the
symptoms are
evident



**WE NEED TO
THINK AHEAD
BEFORE THE
INSTAURATION**

THIS is not an
easy target, but
we have still a
window of
opportunity to
improve

FIELDS INVOLVED IN THE DIAGNOSIS



Primary Care

**Emergency
Department**

Nurses

**Internal
Medicine**

SPECIALISTS
Neumology
Urology
Oncology
Traumatology
All

0

OBJECTIVES

TO GO AHEAD OF THE MOTOR IMPAIRMENT

We have to be especially aware in patients with bone metastases or specific symptoms

TO ENHANCE THE KNOWLEDGE OF ATYPICAL PRESENTATIONS

Atypical presentations can be in the origin of bias of clinical reasoning

TRAINING AND SIMULATION IN THIS FIELD

Describing situations and specific signs and symptoms

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OBJECTIVES

TO GO AHEAD OF THE MOTOR IMPAIRMENT

To describe
alarm signs and
symptoms

1. Patients with bone and retroperitoneal metastases
2. daily examination of the strength and movement of the extremities
3. daily search for a sensorial level
4. evaluate walking ability
5. search for changes in pain characteristics
6. be especially aware when pain is associated with body movement

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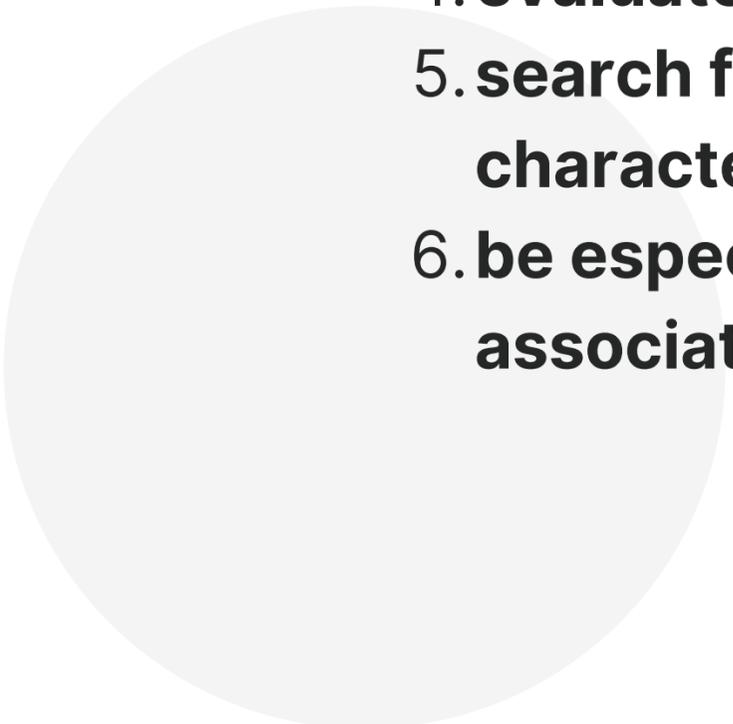
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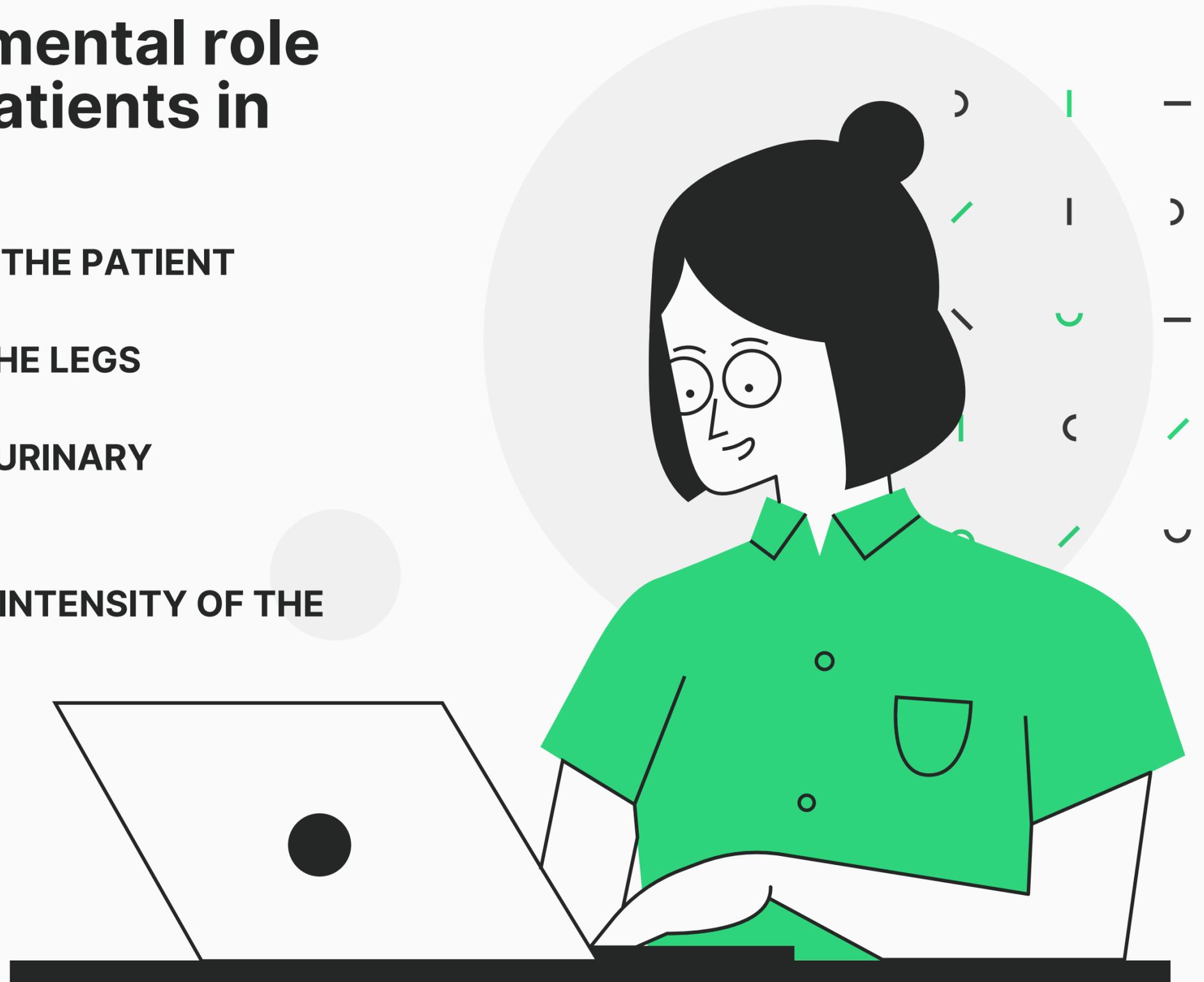
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Nurses have a fundamental role in the evaluation of patients in the hospital

THEY ARE THE CLOSEST PEOPLE TO THE PATIENT

- LOOKING TO THE MOVEMENT OF THE LEGS
- COMMUNICATION OF BOWEL AND URINARY FUNCTION
- SEARCHING FOR CHANGES IN THE INTENSITY OF THE PAIN
- WRITING THE ABILITY TO WALK



Atypical presentations

SPINAL CORD COMPRESSION IS NOT ALWAYS PRESENT WITH THE TYPICAL PATTERN OF BACK PAIN

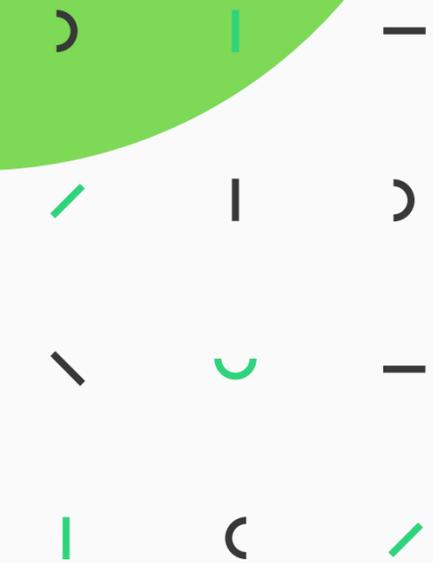
- When a patient with metastases in the spine refers a strong pain associated with a movement, for instance to sit down, be especially aware. The pain can irradiates to the abdomen or the anterior thoracic wall.

- Usually the pain is very strong and disabling

- Generally, the pain stop when the patient lies down

- In this phase, the patient still can move his or her leg, but the intensity of the pain makes difficult to assess the ability to walk.

PAINFUL WHIT MOVEMENT



¿Were did we go wrong?

1. **We don't give a clear advice to patients with bone metastases how to walk or how to take care of his or her spine.**
2. **When we don't make a physical examination looking for the movement and strength in the legs, the presence of a sensitive level or sphinterial problems.**
3. **Very often we don't think about the pain as referred from other anatomical area.**
4. **When we don't practice a quick evaluation of the spine, at least with a simple x-ray.**
5. **When we delay asking for an MNR.**

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And, Can the General Practitioners help? YES

When several visits with back pain

- Making a first neurological examination

Think in the possibility of spinal cord compression in a patient with bone metastases

Informing about the alarm signs

Referring the patient to a third level

- facility

