

Clinical decision support tool for low back pain in community pharmacy

Page 1. (after landing screen)

Pain history

- Name/age/gender
- New/followup
- Duration
- Progression

History

RESET THE APP CONFIGURE

Enter basic information about your patient

Patient Name Khalid Gender Male

Age 58

Tap the correct response about your patient's back pain

Is this a new or follow-up visit? How long has the patient been in pain? What is the progression of the pain?

New < 2 weeks Much Worse

Follow-up ≥ 2 weeks A little worse

No change

A little better

Much better

NEXT >

Info History Screening Medicines Advice

Page 2.

Current medicines

- Type
- Appropriate dose
- Time on medicine

Screening

RESET THE APP CONFIGURE

Ask your patient about the following in relation to low back pain

Clinical History	Presentation	Possible Condition	Features Present	
New onset of bowel/bladder retention	Saddle anaesthesia	Cauda Equina Syndrome (CES)	No <input type="radio"/>	Yes <input checked="" type="radio"/>
Recent fever/infection OR history of intravenous drug use		Spinal Infection	No <input type="radio"/>	Yes <input checked="" type="radio"/>
Age >65y, Osteoporosis, regular systemic corticosteroids >7mg/day		Spinal Fracture	No <input type="radio"/>	Yes <input checked="" type="radio"/>
Any 4 of: Age <40y, insidious onset improves with exercise, no improve w. rest, Pain at night improving on rising		Spinal Inflammation	No <input type="radio"/>	Yes <input checked="" type="radio"/>
History of malignancy in previous 5y	Strong clinical suspicion	Spinal Malignancy	No <input type="radio"/>	Yes <input checked="" type="radio"/>
	Leg pain with altered sensation or weakness	Sciatica or canal stenosis	No <input type="radio"/>	Yes <input checked="" type="radio"/>

< BACK CALCULATE >

Info History Screening Medicines Advice

Page 3.

Current medicines

- Type (enter up to 3)
- Appropriate dose
- Time on medicine

Medicines

RESET THE APP CONFIGURE

Current Medicines (select up to 3)

Current Dose

Time on Medicine

1st Medicine

OTC: Ibuprofen, diclofenac

CLEAR

2nd Medicine

Prescription: NSAID

CLEAR

+ ADD NEW MEDICINE + REMOVE THE MEDICINE

MedCurType: 2

MedCurDose: 1

MedCurTime: 1

Duration: 1

< BACK

NEXT >

Info History Screening Medicines Advice

Page 4.

Decision support (± modify)

- Self-care advice
- Medicines advice
- Referral advice
- Custom advice

Advice

RESET THE APP CONFIGURE

Summary for Khalid, age 58

Recommendation (accept or modify)

Pathology Screen: Decision - increase in chance of maligna...

Selfcare Advice: Stay active and avoid bed-rest, Due to SCREENING POSITIVE, advise patient to consult GP in 1 week for review if lack of progress. Accept Add or Modify

Visit type: First visit

Pain duration: ≥2 weeks

Medicine Advice: Caution: multiple similar medicines. Consider adjusting overall dose and using a heat wrap for up to 2 weeks. Accept Add or Modify

Progress: No change

Medicine-1: OTC: Ibuprofen, diclofenac (Dose: Therapeutic, Duration: ≥1 week) Accept Add or Modify

Medicine-2: Prescription: NSAID (Dose: Therapeutic, Duration: ≥1 week)

Referral Advice: Consider referral to GP Accept Add or Modify

offer additional advice if needed

< BACK SEND CREATE PDF

Info History Screening Medicines Advice