

Sending a patient to A&E with suspected Cauda Equina Syndrome (CES): Optimising the telephone conversation with On Call Orthopaedic Registrar.

Prepare; by this point you will have decided, based on your assessment and your clinical reasoning +/- input from colleagues that there are features of Suspected CES and that referral to Accident and Emergency (A&E) should be discussed with the Orthopaedic Registrar On-Call.

- ☐ Complete the CES canned text letter on TRAK.

Have to hand

- ☐ Patient name and CHI
- ☐ Printed copy of completed Suspected CES- Questioning Proforma, with key details of concerning features re Suspected CES highlighted.
- ☐ Completed Lumbar spine assessment form with findings relevant to CES highlighted
- ☐ Printed copy of completed CES canned text letter on TRAK.

Individual calls vary. In most relatively brief information is required and call proceeds smoothly. In others additional questions may be asked. Documents above will allow you to answer any additional clinical questions that may arise. In a minority of calls there may be resistance to your decision to send patient to A&E. It may be helpful to bear in mind that the registrar you are contacting is likely to be working under some pressure. While being aware of this it is important to continue with the discussion that is required and to be the patient advocate for the review that the patient requires.

Suggested script for telephone conversation with On call Orthopaedic Registrar when sending a patient to A&E with suspected CES: *"Hello, I am calling from physiotherapy. My name is xxxxx. I am contacting to discuss a patient that has features suggestive of Suspected CES. This is in keeping with our MSK pathway for Suspected Cauda Equina Syndrome."*

As we do not currently have an urgent pathway in place and if the Orthopaedic Registrar does not feel this warrants referral to A+E immediately please make it clear that this will be an urgent referral via the GP to Orthopaedics.

(Note: Due to changes in the current orthopaedic pathway regarding the timescales for emergency and urgent referrals (more than four weeks with stable signs), they may ask you to refer urgently to orthopaedics, make them aware this will have to be done through the GP. If

the orthopaedic registrar asks you to follow the GRIFT guidelines, please have them make the decision based on your clinical information).

“I carried out telephone/ video assessment/I assessed the patient in person”. Give brief outline of key concerning features re Suspected CES.

If the registrar asks if you have assessed **saddle sensation and/or anal tone**; (if it was a face to face consultation), advise that the MSK Physiotherapy service policy is that we do not carry out those assessments.

If there is resistance/ challenge reiterate that you are following the pathway. If doctor is not aware of pathway; it may be helpful to offer to email the [CES Triage](#) to the doctor.