

# Mercy University Hospital

## Protocol for diagnosis, referral and follow-up of patients with suspected **renal colic** in the emergency department

### Diagnosis:

History, Physical examination, *Dipstick* urinalysis, vital signs, FBC, U+E, Creatinine, Urine microscopy (only *if dipstick equivocal*), KUB, CT-KUB

### Indications for Urology review +/- admission – after the above, with a **CT-confirmed** stone (if CT KUB has been performed):

Pain not controlled by oral analgesia

Pyrexia or sepsis

Abnormal U+E (Electrolyte Levels)

Obstruction

Solitary kidney

*Decision regarding admission can then be made by Urology on-call.*

- For patients presenting *out of hours* (i.e. when CT-KUB not available) with a suspected stone, who are well enough to be discharged, **ED staff should arrange CT KUB**. This can be done *on PACS*.
- The Radiology Department will accept referrals from ED staff who should *include the patient's contact telephone number* on the referral form.
- The patient will be issued with an appointment for a CT KUB within 48 hours unless at weekends when it will be done on the following Monday or Tuesday
- The patient should proceed directly to the Radiology Department for the investigation and return to the ED immediately afterwards.
- If the scan is negative, they will be reviewed by the EM team.
- If the scan is positive, and there are no complications (as listed under 'Indications for Urology Review' above), the patient can be referred to Urology OPD. If being discharged from the ED without Urology review, patients' notes should be forwarded to the Urology secretaries for OPD follow-up to be arranged
- If the scan is positive and there are complications, they must be referred to Urology who should review the patient promptly.
- Patients without diagnosis of renal stones will not be referred to the Urology OPD

Where a patient presents out of hours and a strong clinical suspicion of a stone exists but that patient is not fit for discharge, they should be admitted under the care of the Urology service, with a view to Urology arranging a CT-KUB at the next available opportunity.

*Return attendances at the ED are for diagnostic reasons only, after the CT KUB has been performed. Once a stone is confirmed, their follow-up is exclusively with the Urology service, either as an inpatient or in the OPD. Patients with confirmed stones will then be formally "discharged" from the Urology service following either inpatient Urology admission or Urology OPD review.*

**\* If patients with confirmed stones are being discharged from the ED, they should always be advised to return if they develop further pain, nausea and vomiting, fevers, rigors or diaphoresis (intense sweating).**