Barts and The London NHS Trust

URETERIC COLIC

Date ________    Time _______    ED admitting consultant _____________

Inclusion Criteria
- Symptoms consistent with renal colic
- Haematuria on urinalysis (Note: 15% will not have haematuria)
- Persistent pain
- Awaiting imaging
- CDU transfer form completed

Tick as appropriate

Exclusion Criteria
- Haemodynamic instability
- Fever > 38°C
- Single kidney
- Known renal impairment / transplant
- Pregnant
- Palpable abdominal mass

Baseline Investigations
- FBC, U&E, BM
  - If 1st presentation, do bone profile, urate
- Urinalysis (+ urinary β-HCG)
  - (Send off MSU if suspect infection)
- Definitive investigations:
  - Age < 24 yo = IVU
  - Age > 24 yo = CT KUB

Management Plan
- To be reviewed by Dr _____________ in _______ hours
- IV cannula in-situ (if IVU or requires morphine)
- Analgesia (+/- antiemetics) prescribed

Notify Medical Staff if:
- Fever > 38°C
- Pulse rate < 60 or > 100/min
- Resp rate < 10 or > 20/min
- Uncontrolled pain
  - If not significantly decreased with oral analgesia alone
  - Ongoing requirement for IV morphine (eg >10 mg in 2 hrs)
- If no progress on the management plan by 2 hr
**Discharge only if:**
- Pain free
- Can eat and drink normally
- Investigation results as follows:
  - Normal blood tests
  - Imaging indicates low-grade obstruction
- Discharge medications arranged
- Discharge letter completed
- Stone clinic referral appointment to be made if:
  - 1<sup>st</sup> presentation
  - Stone not passed in 2-3 days (if pt re-presents to ED)

**Consultation / Referral**

**Urology**
- Uncontrolled pain
- High-grade obstruction likely
  - Stone > 6 mm diameter
  - Staghorn calculus
  - Failure to visualise obstructed kidney on IVU
  - Extravasation of dye
- Develops fever / infection above stone
- Impaired renal function

Referred to ___________________ Bleep __________
Time referred ________________ Time seen __________

**Fast Response Team** as required:
- Social Work
- Physiotherapy
- Occupational Therapy

Time referred ________________ Time seen __________

**Other In-patient teams:**

____________________________

Reason for referral:

Referred to ___________________ Bleep __________
Time referred ________________ Time seen __________
Dear Dr ______________

Your patient attended the A&E department at the Royal London Hospital with a diagnosis of Ureteric Colic and was admitted into the Clinical Decision Unit for investigation and treatment.

**Investigations:**
- The FBC and U&E’s were normal
- The IVU / CT KUB results were as follows:

**Disposition plan:** (Tick as appropriate)
- Oral analgesia has been prescribed
- Your patient has been referred for follow-up by the Urology team and will be receiving a letter from the Out-patient department
- Your patient has been advised to contact yourself or the Emergency Department should there be any further problems

Thank you,

Signed ______________ Name __________________ Grade ___________