Barts and The London NHS Trust

URETERIC COLIC

Date	Time ED	admitting consultant	
Inclusio	Tick as	as appropriate	
	Symptoms consistent with renal colic		
	• Haematuria on urinalysis (Note: 15% w		
	Persistent pain		П
	Awaiting imaging		
	CDU transfer form completed		
Exclusi	on Criteria		
	Haemodynamic instability		
	• Fever > 38°C		
	Single kidney		П
	 Known renal impairment / transplant 		
	• Pregnant		
•	Palpable abdominal mass		
	e Investigations		
•	• FBC, U&E, BM	C1 .	
	o If 1 st presentation, do bone pro	ofile, urate	
•	• Urinalysis (+ urinary \(\beta\)-HCG)	`	
	(Send off MSU if suspect infection	n)	
•	• Definitive investigations:		
	$\circ Age < 24 \text{ yo} = \text{IVU}$		
	\circ Age > 24 yo = CT KUB		
Manage	ement Plan		_
•	To be reviewed by Dr		
•	• IV cannula in-situ (if IVU or requires	• '	
•	• Analgesia (+/- antiemetics) prescribed	1	
Notify I	Medical Staff if:		
•	Fever $> 38^{\circ}$ C		
•	Pulse rate $< 60 \text{ or} > 100/\text{min}$		
•	Resp rate $< 10 \text{ or } > 20/\text{min}$		
•	• Uncontrolled pain		
	o If not significantly decreased v	_	
	o Ongoing requirement for IV m		2 hrs)
•	• If no progress on the management pla	n by 2 hr	

Discharg	e only if:		
•	Pain free		
•	• Can eat and drink normally		
•	T 1. 0.11	be made if:	
	O Stone not passed in 2 3 day	s (ii pt ie presents to ED)	
<u>Consulta</u>	tion / 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	
•	Social Work Physiotherapy Occupational Therapy		
	Time referred	Time seen	
Other In-	-patient teams:		
	Reason for referral:		
	Referred to	Bleep	
	Time referred	Time seen	

Created by Ling Tan Last modified on 12/1/06

ROYAL LONDON HOSPITAL CLINICAL DECISION UNIT

URETERIC COLIC DISCHARGE SUMMARY

Pt St	icker	Date
Dear I	Or	
diagno	patient attended the A&E department at the I sis of Ureteric Colic and was admitted into gation and treatment.	
Investi	igations: The FBC and U&E's were normal The IVU / CT KUB results were as follows	3:
Dispos	Sition plan: (Tick as appropriate) Oral analgesia has been prescribed Your patient has been referred for follow-u receiving a letter from the Out-patient depa Your patient has been advised to contact your patient should there be any further pro-	ourself or the Emergency
Thank	you,	
Signed	l Name	Grade