



# Renal Colic

## A&E Attendance:

- 1) Exclude AAA (note RCEM Safety Guidance in over 50 age group)
- 2) Presence of dipstick haematuria (if absent then diagnosis very unlikely). Remember dipstick haematuria does not exclude AAA or other surgical diagnosis however!

## **Indications for immediate urology on call attendance & admission.**

- 1) **Fever or other signs of sepsis**
- 2) **Uncontrolled pain or requiring repeat opiate analgesia**

## Initial investigations:

- 1) WTU
- 2) U&E / FBC

## Imaging:

**Unenhanced CT KUB** (this is a low dose CT not sensitive enough to exclude AAA)

**Unless** recurrent stone presenter. Then KUB x-ray & USS kidneys will suffice especially if young female and CT KUB has been performed within previous 12 months.

## Timing of imaging:

Immediately from A&E where possible during working hours and also weekend daytime.

Otherwise next day as per current protocol (A&E arrange for patient to re-attend)

Remember to document this in the AEC diary and provide patient with a card to book in as a reattender

Please note that AEC has 2 fixed time slots for CT KUB and 2 for USS – please refer to the diary for this

**\*Unless sepsis\* - urgent (day or night) USS or CT to confirm hydronephrosis and need for immediate intervention.**

## AEC reviews & Documentation

Before discharge on the first attendance, send the patient reception to confirm their appointment slot in AEC is booked. This enables the receptionists to create a set of patient notes for their return the next day. When the patient returns post scan reception should direct the patient to ED AEC and inform the AEC Dr / Nurse to ensure timely review. An ICE discharge needs to be completed.

## Discharge plan for confirmed **ureteric** calculus:

- 1) Simple analgesia. NSAID (unless C/I)
- 2) Tamsulosin 400mcg daily (unless C/I) - Indicated for lower ureteric stone
- 3) No role for antibiotics (stone and infection = admission)

## Follow up arrangements for those not requiring admission:

- 1) Normal CT – no urology!
- 2) Imaging confirms stone / hydronephrosis – complete **proforma** for urgent stone clinic appointment.

