This guideline deals with the management of patients presenting to PCH Accident and Emergency Department with a presumed diagnosis of renal colic.

The guideline is shown in the form of a flow chart in Appendix 1.

1. If the patient **does not have microscopic haematuria** on routine urinalysis then the patient should be referred for a General Surgery for an opinion – in these circumstances the diagnosis of renal colic is less likely

2. All other patients will therefore have microscopic haematuria

3. If the patient is under 60 years of age **OR** has had previous confirmed admissions for renal colic then please refer the patient to the On call Urology Team (during normal working hours) or the Surgical SHO (Out of hours) – see the urology website on [http://www.echurology.co.uk](http://www.echurology.co.uk) for the current rota

4. If the patient is **OVER 60 AND PRESENTS FOR THE FIRST TIME** with a presumed diagnosis of renal colic then a KUB should be requested
   a. If the KUB shows a stone then refer the patient to Urology as in (3)
   b. If the KUB does **NOT** show a stone then please discuss further investigation with the on call radiologist - a CT scan may be required to rule out other intra abdominal pathology.

Yours sincerely

*Chris Dawson*

**Mr C Dawson**

**Consultant Urologist and Lead Clinician**
Appendix 1

Abdominal pain?renal colic

Microscopic haematuria?

Yes

No

Over 60 and first presentation

Yes

No

Stone

KUB

No stone

Guidelines for A/E Staff for dealing with suspected Renal Colic in A/E

Refer General Surgeons

Refer Urologists

Discuss further investigation with radiologist