DATE: 15 March 2012
DATE DUE FOR REVISION: END MARCH 2013
FROM: Mr C Dawson, Urology Lead Clinician
RE: MANAGEMENT OF PATIENTS WITH RENAL COLIC PRESENTING TO ACCIDENT AND EMERGENCY DEPARTMENT

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

4. If the patient is OVER 60 AND PRESENTS FOR THE FIRST TIME with a presumed diagnosis of renal colic then a NON CONTRAST CT (CT-KUB) should be requested
   a. If the CT shows a stone then refer the patient to Urology as in (3)
   b. If the CT does NOT show a stone then please discuss the patient with the General Surgical team as the diagnosis of renal colic has been excluded

5. IF a CT cannot be organised for any reason then request KUB x-ray and apply tests of 4(a) and 4(b) to KUB

Yours sincerely

Chris Dawson
Mr C Dawson
Consultant Urologist and Lead Clinician
Appendix 1

Abdominal pain ?renal colic

Microscopic haematuria?

Yes

Over 60 and first presentation

No

Refer General Surgeons

No

Refer Urologists

Yes

STONE

NON CONTRAST CT (CT KUB)

No stone

Discuss patient with Gen Surgery Team – renal colic excluded

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