

A&E Proforma for Adult Management of Ureteric Colic

<p><i>Attach patient name/address label</i></p> <p>Patients name: Patients address: DOB: NHS number:</p>	<p>Date: Time: Doctor: Department:</p>
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<p>Patient's mobile number: Patient's home number: Next of kin's number:</p>	
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Part A: INITIAL ASSESSMENT

<p>Good history for renal colic i.e. loin/groin pain, urinary frequency/dysuria, nausea/vomiting, restless/unable to lie still, history of stones</p>	yes	no
<p>Pain controlled with analgesia <i>PR diclofenac 100mg recommended if appropriate +/- additional analgesia eg opiate</i></p>	yes	no
<p>Urine dipstick positive for erythrocytes (10% of patients do not have haematuria)</p>	yes	no

If ALL criteria from part A satisfied then proceed to part B

<p>If any of these are present, send blood and urine cultures + request immediate imaging</p>	Temperature >38°C or <36°C
	White cell count >15
	Clinical signs of sepsis

Part B: INVESTIGATIONS

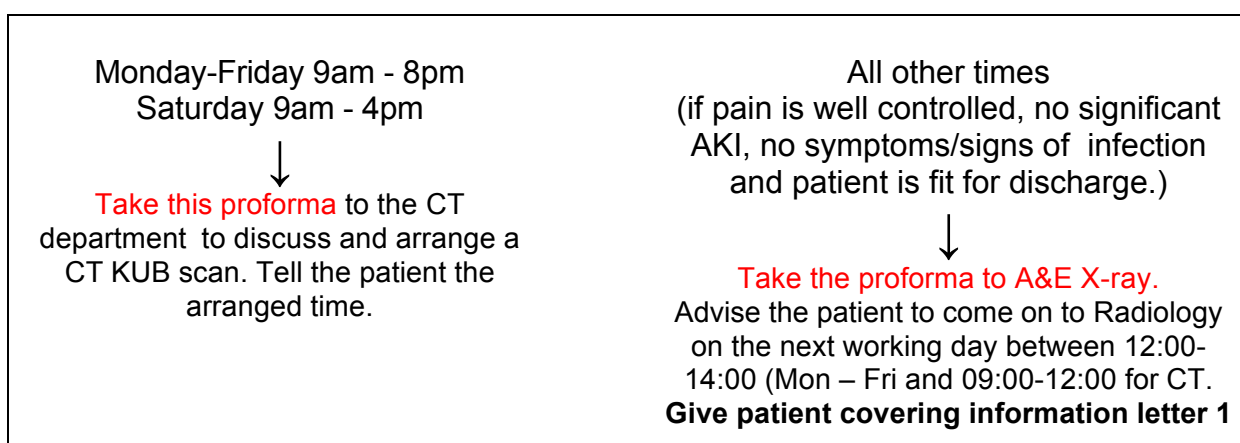
Bloods: FBC/U&E/CRP/calcium/phosphate/urate

Urine: Send for MC&S if dipstick positive for nitrites/leucocytes

Imaging: If ≤30 years old and female or pregnant consider an **US KUB first**

If patient has had a CT KUB within 3 months with a stone identifiable on the scout film, consider an **abdominal x-ray** first

PLACE REQUEST FOR A NON CONTRAST CT KUB ON CRS WITH ALL RELEVANT CLINICAL HISTORY, INCLUDING PREGNANCY STATUS.



Part C: REVIEW AFTER CT. DISCHARGE OR REFER TO UROLOGY?

If no renal calculi on CT KUB consider alternative pathology.

CT Scan confirms ureteric stone. Any of below present?

Serum creatinine >130 micromol/L <i>or increase of ≥ 25 micromol/L from baseline if baseline >130</i>	yes	no
Clinical signs of sepsis	yes	no
Stone > 7mm in size	yes	no
Single kidney or abnormal contralateral kidney	yes	no
Uncontrolled pain	yes	no
Bilateral ureteric stones	yes	no
Scan shows other urological pathology	yes	no
Pregnancy	yes	no

Any 'yes' should trigger referral to / discussion with the surgical team who are required to assess the patient, justify and record in the clinical notes any deviations from the proforma or arrange inpatient admission as appropriate

If none of above, patient can be discharged with urgent referral to stone clinic

Part D: Discharge and Refer to Stone Clinic

Full history and examination has been documented on CRS	
FBC/U&E/CRP/calcium/phosphate/urate have been sent to the lab	
Prescribe adequate analgesia TTO <i>Diclofenac suppositories are recommended as first line</i>	
Print and give the patient covering information letter 2	
Complete stone clinic referral form with patient details and summary of CT report. Leave in reception for collection by Urology Secretaries	

COVER LETTER 1 (PRE IMAGING)

Kingston Hospital
Galsworthy Road
Kingston upon Thames
Surrey
KT2 7QB

Dear

It is suspected that you may have a kidney stone. In order to confirm this diagnosis we have requested a CT scan/ultrasound scan. It is essential that you attend this scan so that the next step in your treatment can be planned

You should come to the CT Department the next working day, between 12:00-14:00 Monday to Friday or between 09:00-12:00 on Saturdays. You will have an appropriate investigation for a kidney stone which may be a CT scan or Ultrasound scan. If the request is changed to by the radiologist from a CT to an ultrasound scan, you will receive a call from the Ultrasound Department.

Following the scan you will be asked to book in at A&E reception. When the report is received you will be seen by a doctor, who will explain the results and advise you of the next steps.

You will be prescribed painkillers to take home, please take these as advised.

If you develop any of the following symptoms, please come back to A&E:

- Uncontrolled pain
- High temperature
- Shivers or chills
- Vomiting
- Feeling unwell

Yours sincerely,

Kingston Hospital
Galsworthy Road
Kingston upon Thames
Surrey
KT2 7QB

Dear

Your scan has confirmed a kidney stone. As your pain is well controlled you can be discharged. Take the painkillers you have been given as needed. Your stone may pass spontaneously and we advise you to look out for passage. You can carry on with your normal day to day activities but you should maintain a high water intake.

We are arranging an urgent follow up appointment for you in the Stone Clinic so you can be reviewed by a Urologist who can advise on the next step.

If you have not received notification of a clinic appointment within 4 weeks of discharge, please contact the A&E dept.

In the meantime, if you develop any of the following symptoms, please come back to A&E:

- Uncontrolled pain
- High temperature
- Shivers or chills
- Vomiting
- Feeling unwell

Yours sincerely,

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