

City and Hackney Ureteric Colic Pathway

Kidney Stones – Patient presents with symptoms suspected to represent passage of a ureteric stone *See note below



First presentation of ureteric colic

Clinical assessment

ALARM FEATURES present:

- Signs of shock
- Signs of serious infection
- Signs of dehydration requiring IV fluids
- Anuria/ Oligouria indicating impending renal failure
- Known co-morbid conditions:
 - Solitary Kidney
 - Transplanted Kidney
 - Patient Pregnant
 - Renal Failure
 - Diabetes
 - **Immunocompromised**

If **no** alarm features present, consider home management

Investigations

- Urine dipstick to check for haematuria and to exclude a urine infection
- Pregnancy test, if appropriate
- Blood tests: FBC, U&Es, CRP (plus urate, calcium, phosphate if recurrent stones)

Management

- Provide analgesia as required
- Provide anti-emetics as required
- Encourage oral fluids

Refer to Homerton A&E Complete referral form and give to patient Not responding to analgesia Reassess in one hour within one hour (in person or by telephone) Refer to A&E if: Patient presents with pain again prior to CT KUB Pain settles New abnormality in renal function (U+Es)

CT KUB within 48 hours if no previous CTKUB in previous

6 months

Stone <5mm

- Treat with tamsulosin 400 mcg daily (unlicensed)
- Refer to urology routinely via e-RS

Refer urgently to Urology if:

Stone >5mm

Imaging

- Bilateral ureteric stones
- Recurrent ureteric stones
- Ureteric stones in patient with unilateral or transplanted kidney
- CT evidence of extravagation of urine or gross hydronephrosis

- This pathway is for use in first presentations of ureteric colic. If patient is presenting with a recurrence of ureteric colic, please discuss with an urologist.
- This pathway is for adults, 18 years and over.

*Ureteric or Kidney Stones: Clinical Presentation

Presenting features include:

 If the patient is over 55, consider alternative

Referral for CTKUB

- To refer patients for an urgent CT KUB, please do this via t Quest.
- Please phone CT on 020 8510 7111 or 020 8510 7015 to arrange a time for the scan (Monday to Friday 8.30-5 pm) while patient is still present so that they can be informed immediately of the appointment time. If patient is presenting outside of these times ensure correct mobile number is on the request so that radiology can contact them the following day (appointments issued Monday to Friday).
- Please record the patients temperature and vital signs on the request form (for the radiologist)
- If a woman present >10 days since L.M.P, please send a serum B (-beta) HCG when carrying out her bloods (and record that you have done so on the CT KUB request form)
- If a patient has had a CT KUB in the past six months, please call and discuss suitable imaging with the acute radiologist on 020 8510 7524.
- Note: CT KUB should only be requested for patients with suspected renal colic (it is not the routine investigation for haematuria)

Referral to Urology

 If a non-urgent referral is indicated (i.e. stones <5mm) then refer via e-RS as a normal routine referral. Patients will be seen in four weeks' time after a four week course of tamsulosin

Referral to A&E

Patients will be treated with analgesia (IV if necessary) and anti-emetics as required.
They will have an urgent CTKUB and be discharged when pain free or referred to urology if appropriate

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Review date: May 2021