

Emergency Referral Pathway for Ureteric Colic

Severe Unilateral Flank Pain Radiating to Groin / Genitalia With Evidence of Visible or Non visible Hematuria (Non visible Hematuria may be absent in 10 -15 % of Cases)

NO

YES

ALTERNATE DIAGNOSIS

AAA (Age >50 – High Risk)
Ectopic Pregnancy
Musculoskeletal Skeletal
Pulmonary
Bowel
Gynaecological

EXAMINATION / ASSESSMENT

Pulse
Blood Pressure
Temperature
Abdominal Examination
Scrotal Examination
Pain Score
Possible Pregnancy
Social Needs

INVESTIGATION

Urine Dipstik
MSU
FBC
U&Es
Amylase
Pregnancy test
CT KUB – Non Contrast

ANALGESIA

Diclofenac 100mg PR (if no contra indications)
Paracetamol 1gm IV/O
Codeine
Opioids (not a substitute for NSAIDS)
Entonox

RED FLAG SIGNS

Symptoms/Signs of Systemic Illness
Low Blood Pressure
High Temperature (>38 deg C)
Anuria
Abnormal Renal Function
Solitary Kidney
Persistent Pain

Men > 50 years of age especially with no previous renal tract stones and female patients in the reproductive age group should not be managed within the pathway until AAA is considered or pregnancy excluded

Normal Working Hours
Mon- Fri 8.30 – 20.30
Sat- Sun 8.30 -17.30

CT REQUESTING IN SUSPECTED URETERIC COLIC

Out of Hours

Emergency Department to Discuss with Radiology and arrange CT abdomen- non contrast

Symptomatic Patients
Discuss with Radiology

Asymptomatic Patients <50 yrs of age with No Red Flag Signs

+VE CT for stone & **Symptomatic**

+VE CT & **Asymptomatic**

+VE CT & Red Flag Sign

-VE CT

CT Abdomen – non contrast and referral to Urology or Surgery as appropriate

Emergency Department to Make Urgent Outpatient Referral to Urology and request an Urgent Outpatient CTKUB (Under the on-call Urology Consultant's name)

Urology Referral

>5mm Stone
Discuss with Urology

<5mm Stone
Discharge with Alpha Blocker
NSAIDS
Urgent Urology Outpatient Referral

Urgent Urology Referral

Referral Back to GP