

Primary care Renal Colic Protocol

Symptoms of Renal Colic in Primary care

(Exclude other causes – including AAA,
beware patient >60ys presenting for 1st time,

Initial Investigations

- Urinalysis (including for *Blood, Leu, Nitrite, pH)
*Up to 20% will be negative for blood if diagnosis correct)
- Bloods – FBC, U & E, CRP, Ca, Uric acid
- β -HCG in women of childbearing age

If initial investigations suggest acute renal colic, arrange CT KUB scan at HWPH next morning :-
Telephone: 01753 633 982 (Mon-Fri 9-5pm ONLY
*Appts. Available next morning between 8:00am - 9:00am) If lines are busy please request for a 'GP ACCESS CT KUB' on ICE system. (Your request will be processed and the patient will be contacted with an appt. within 2 hours) For confirmation please note the status of your request on ICE system will change to RR (*see separate procedure for request of bloods and CT KUB scan)*

Review in afternoon after CT scan with results of blood tests and CT report

If stone > 6mm 40% chance of passing spontaneously

If stone 4-6mm 60% chance of passing spontaneously

If stone < 4mm 80% chance of passing spontaneously

If stone in lower ureter (below pelvic brim) without evidence of obstruction (normal creatinine level or no hydronephrosis) or infection start Tamsulosin 400mcg od for 3 weeks.

Refer to **HWPH** stone clinic (WX715) 3 week appt.
If stone passed and collected send for analysis

Initial Management

- Analgesia
(IM Diclofenac is not recommended)
- Antiemetics

Urgent referral for admission at any time
Absolute Indications: *May require urgent nephrostomy*

- Pyrexia or \uparrow inflammatory markers (Consider pyelonephritis/pyonephrosis)
 - Anuria
 - Systemically unwell
 - Known to have a single functioning kidney
- Relative Indications:**
- Pregnancy (always discuss with obstetricians regardless)
 - Patient fails to respond to analgesia
 - Pain persisting for >24 hours
 - Vomiting
 - Unable for whatever reason to comprehend or follow advice on when to return

If signs of obstruction or infection on CT scan, Radiology to request on-call Urologist to review patient

Urgent Referral to **HWPH stone clinic (WX715) if:**

- Stone >6mm
- Stone in mid or upper ureter
- Cannot be sure that stone has passed on KUB or clinical grounds