Sherwood Forest Hospitals
NHS Foundation Trust

TITLE: RENAL COLIC ADMISSION AND REFERRAL GUIDELINE (SUSPECTED OR CONFIRMED)

Document Category:	**CLINICAL**
Document Type:	**GUIDELINE**

Keywords:	Non-contrast; NCCT; urology; general surgery; acute; severe; stone;

Version:	**Issue Date:**	**Review Date:**
3.0	30th April 2021	March 2024

Supersedes:	V2.0, issued October 2017 for review March 2021		
Approved by (committee/group):	Urology Clinical governance	**Date Approved:**	17th March 2021

Scope/ Target Audience: (delete as applicable / describe)	Speciality/ department • Urology
Evidence Base/ References:	The procedural information within this document has been agreed on general consensus and good practice within the Surgical Division
Lead Division:	Surgery
Lead Specialty:	Urology
Lead Author:	Frances Burge – Consultant Urologist
Sponsor:	General Manager - Surgery Division

	Name the documents here or record not applicable
Associated Policy	N/A
Associated Procedure(s)	N/A
Associated Pathway(s)	N/A
Associated Standard Operating Procedure(s)	N/A
Other associated documents e.g. documentation/ forms	Stone MDT Referral Proforma

Consultation Undertaken:	Urology Clinical governance
Template control:	v1.4 November 2019

1 INTRODUCTION/ BACKGROUND OR AIM/ PURPOSE

To ensure safe, and timely investigation and management of suspected / confirmed ureteric colic.

2 GUIDELINE DETAILS (Including flowcharts)

Please note that non-contrast CT (NCCT) scanning has replaced IVU as the investigation of choice when a patient has suspected renal colic

PATIENT SUSPECTED OF HAVING RENAL COLIC

Assess patient. Include dipstick urine for blood
[Positive in 85% of patients with renal colic]

BEWARE of a patient >60yrs presenting for the first time who may have a dissecting aortic aneurysm

- **Patient attending ED** will have non-contrast CT arranged.
    - Also check U+E, Ca, urate ; observations
    - Give appropriate analgesia (eg diclofenac 50mg)
    - If CT shows a stone *and admission is needed*, ED will arrange transfer to NUH and inform on-call urology consultant (as above)
        - Patient will be kept on SAU under the care of the urology consultant pending transfer
        - General surgery on call team will clerk patient and ensure medications are prescribed
        - KMH Urology SPR will review if unwell or delay in transfer.

- **Suspected renal colic, patients seen by GPs**:
    - This is for acute renal colic with severe pain requiring admission
        - non-acute loin pain to be managed by outpatient pathways
    - GP will request non-contrast CT using ICE
    - Patient instructed to attend ED at KMH with referral letter
    - ED will facilitate CT scan, as requested by GP
    - If CT shows a stone *and admission is needed*, ED will arrange transfer to NUH and inform on-call urology consultant (as above)
        - Patient will be kept on SAU under the care of the urology consultant pending transfer
        - General surgery on-call team will clerk patient and ensure medications are prescribed
        - KMH Urology SPR will review if unwell or delay in transfer.

- **If no stone is seen on the CT scan**, then the patient will be managed by the general surgeons at KMH (as undiagnosed abdominal pain)

Criteria for admission:

- Patients can be discharged if their pain is well controlled with no evidence of infection and UEs at baseline.
    - These patients will need follow-up.
    - Please email the patient details to sfh-tr.SFHUrology@nhs.net so that this can be arranged.
    - Patient to be given information sheet

- The following patients will need admission
    - Uncontrolled pain or vomiting
    - Reduction of renal function from baseline (U+E)
    - Septic / high temperature
    - Patients with stone in a solitary functioning kidney

3 EQUALITY IMPACT ASSESSMENT

- Guidance on how to complete an EIA
- Sample completed form

Name of service/policy/procedure being reviewed: Suspected-Confirmed Renal Colic Referral Guideline			
New or existing service/policy/procedure: existing			
Date of Assessment: 17/3/2021			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?	b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?	c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality
The area of policy or its implementation being assessed:			
Race and Ethnicity:	None	None	None
Gender:	None	None	None
Age:	None	None	None
Religion:	None	None	None
Disability:	None	None	None
Sexuality:	None	None	None
Pregnancy and Maternity:	None	None	None
Gender Reassignment:	None	None	None
Marriage and Civil Partnership:	None	None	None
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation):	None	None	None

What consultation with protected characteristic groups including patient groups have you carried out? none

What data or information did you use in support of this EqIA? none
As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments? None

Level of impact

From the information provided above and following EqIA guidance document please indicate the perceived level of impact:

Low Level of Impact

For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.

Name of Responsible Person undertaking this assessment:
Signature: F Burge
Date: 27/4/2021