

## **BROWN EMERGENCY MEDICINE CDU RENAL COLIC TREATMENT PATHWAY**

**Purpose:** To efficiently and safely observe patients with renal colic

### **Inclusion Criteria**

- Symptomatic ureterolithiasis which is:
  - Clinically suspected or
  - Radiographically confirmed, if imaging indicated
- Failed trial of PO analgesics
- Anticipated observation of 6-24 hours
- Age <85

### **Exclusion Criteria**

- Fever >100.4
- HR >110, persistent
- Hypotension
- O2 sat <95%
- Respiratory rate >30
- Evidence of UTI or pyelonephritis
- Altered mental status
- Anuria, solitary kidney, polycystic kidney disease, renal transplant
- Indwelling catheter, stent, or nephrostomy tube
- Neurologic dysfunction (MS, paraplegia)
- Concurrent medical problem requiring admission
- Any condition found on the "CDU Universal Exclusion Criteria" list
- Requiring more assistance for ADLs than the CDU is capable of safely providing (one assist/patient for units with 5:1 maximum staff:patient ratio and no assists for units with >5:1 maximum staff:patient ratio)
- Unlikely discharge within 24hrs (ED attending discretion)

### **Criteria Requiring Urology Notification Prior to CDU Placement**

- Acute Kidney Injury
- Moderate to severe hydronephrosis
- Calculi >10 mm

### **Discharge Criteria**

- Clinical Improvement
- Ability to tolerate PO and pain controlled with PO analgesics
- Appropriate Urology follow up
  - If patient has insurance – On call urology attending referral
  - If patient has no insurance – Urology Clinic