

Urologic Conditions appropriate for Outpatient Referral without Urology Consult

Condition	Initial Evaluation	Treatment	Call Resident If	Follow-Up
Urinary Retention	UA, UCx, PVR BMP	Foley catheter Abx based on UA Flomax (unless contraindications, hypotension) Obs for 30 minutes to ensure no decompressive hematuria	Cr > 2 Urine Retention > 1L Develops gross hematuria	Primary urologist if established; if no prior urologist, on-call attending*
Microscopic Hematuria	UA, UCx Additional work-up as indicated based on symptoms	Abx based on UA	N/A	Primary urologist if established; if no prior urologist, on-call attending*
Gross Hematuria	UA, Ucx, PVR BMP, CBC	PVR < 150 , asymptomatic: no foley Encourage hydration	PVR > 150 Clots	Primary urologist if established; if no prior urologist, on-call attending*
		PVR > 150 : place 22F 3way, hand irrigate; call GU Resident prior to initiating CBI		
Renal stones	RBUS/NCCT UA +/- UCx BMP, CBC	If asymptomatic, no acute management	N/A	Primary urologist if established; if no prior urologist, on-call attending*
UNILATERAL Ureteral stones	UA, UCx CBC, BMP	Outpatient/CDU if: <ul style="list-style-type: none"> • Afebrile • WBC < 15k; • UA: NEG nitrite, LE < 2+, WBC < 30 If admitted to CDU, NPO @ MN Medical Expulsive Therapy: NSAIDS, prn narcotic, Flomax, hydration, prn anti-emetic	Febrile WBC ≥15 k UA: Nitrite +, LE > 3, WBC > 30 Bilateral hydronephrosis	Primary urologist if established; if no prior urologist, on-call attending*

**On call Urology Attending can be found on Smart Web – ask ED secretary*

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Epididymo-orchitis	UA, Ucx, PVR CBC	Scrotal US Abx	Febrile WBC > 17k Ultrasound with abscess	Primary urologist if established; if no prior urologist, on-call attending*
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*Please ask patient if they already have a urologist; if so, patient may call for follow-up; if no established urologist, please provide on-call GU attending for follow-up

Additional Common Consults to Streamline Disposition:

Penile Conditions: Appropriate for discharge with outpatient follow-up

- Balanitis
- Veneral Disease
- Phimosis (NOT paraphimosis; if any concern, call)
- Urethral discharge
- Any concern for forniers or abscess, must call**

Foley Catheter Problems

If successful replaced/exchanged, appropriate for discharge with outpatient follow-up

SPT Problems/Exchanges

- ED provider/NP/RN may flush or exchange
- If successfully replaced/exchanged/fixed, appropriate for discharge with outpatient follow-up

PCN: Malfunction or dislodgement

- ED provider/NP/RN must check stopcock to ensure in open position; flush... if still not draining or leakage:
- ED provider to page VIR directly for instructions
- If being discharged, GU outpatient follow-up

(1/15/2020)

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