

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

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 48 hrs. (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

Last update: 11/21/22, EEG

RENAL COLIC MANAGEMENT PATHWAY¹:

Pre-observation unit evaluation should include:

1. Chem 7
2. Urinalysis
3. UHCG (if indicated)
4. Urine culture (if indicated)

Clinical Decision Unit interventions may include:

1. Serial vital signs
2. IV hydration, if indicated
3. Analgesics
 - a. Preferentially NSAIDs, if not contraindicated
4. Anti-emetics
5. Medical Expulsive Therapy, per attending discretion
 - a. Tamsulosin, if not contraindicated
6. Repeat Chem 7, if indicated

Indications for hospital admission while under CDU observation*:

1. Newly and persistently abnormal vital signs
2. Ongoing IV pain management at 24 hours
3. Inability to be discharged within 24 hours

***though not required prior to CDU observation, renal imaging should be performed prior to hospital admission**

Discharge Planning:

1. Resolution or adequate improvement of renal colic symptoms
2. Tolerate PO
3. Prescriptions
 - a. Analgesics as per provider discretion
 - b. Tamsulosin 0.4 mg PO daily for 7 days recommended if no contraindications and as per ED attending discretion
4. Urology follow up
 - a. If patient does not have an urologist:
 - i. With insurance – On call urology attending
 - ii. Without insurance – Urology Clinic
