

Renal Colic Referral

Dear Doctor,

Many thanks for referring this patient with a history of loin pain. In order to help us direct appropriate patients to the right pathway, and prevent delays in treatment, there are instances such as this where we advise you to arrange an outpatient CT KUB if your patient meets ALL the criteria below:

- Pain is well controlled
- Has adequate social support
- Is aged between 16-60 years old

Once an outpatient CT KUB has been performed and reported please refer to urology as follows:

- If non obstructing renal stone, please refer to Urology on routine basis
- If obstructing stone, please refer to urology outpatients on an urgent basis

NB. In a young female, it is reasonable to commence investigations with an ultrasound scan. Low-dose non-contrast CT may be considered if there is still uncertainty about the diagnosis after an ultrasound scan.

Indications to get in touch with the **Urology on call team** to arrange **immediate admission** as an emergency are:

- If the patient is a known stone former (stone in the last 5 years) and has:
 - signs of systemic infection (fever, sweats) or sepsis.
 - increased risk of acute kidney injury, for example, if they have pre-existing chronic kidney disease or a solitary or transplanted kidney, or bilateral obstructing stones are suspected.
 - an inability take oral fluids due to nausea and/or vomiting.
- **In non-stone formers with acute severe abdominal pain, arrange immediate admission to hospital under the general surgical team.**

Yours Sincerely

Urology Consultants, NHS Lanarkshire

<https://cks.nice.org.uk/renal-or-ureteric-colic-acute#!scenario>