 <p style="text-align: center;"><b>CREDIT VALLEY</b> THE CREDIT VALLEY HOSPITAL</p>	<b>CLINICAL PRACTICE GUIDELINE</b>	<b>PROFESSIONAL PRACTICE</b>
<b>TITLE: Management of Renal Colic Patients in the Emergency Department</b>		
<b>DATE OF ISSUE:</b> 2000, 08	<b>PAGE</b> 1 <b>OF</b> 5 (Appendix)	<b>NUMBER:</b> CPG 18-4
<b>SUPERCEDES:</b>	<b>ISSUED BY:</b> _____ <b>TITLE:</b> Chief of Medical Staff	
	<b>ISSUED BY:</b> _____ <b>TITLE:</b> President	

**Purpose:**

To provide a guideline to assist Emergency Physicians in the management of renal colic patients in the Emergency Department.

**Selection Criteria:**

**Inclusion**

- all patients with suspected renal colic

**Algorithm: Management of Renal Colic in the Emergency Department**

See **Appendix 1**

**Assessment and Management**

- a) First step

Initiate Part A of the preprinted physician order sheet "Renal Colic Emergency Management" ([#00002 effective Jan 24/2003](#)). Blood work may only be necessary in patients with risk factors such as diabetes, hypertension, age > 60, solitary kidney, immunosuppressed, coronary artery disease, CHF, severe liver disease.

- b) Reassessment after 2 hours

Initiate Part B of the preprinted physician order sheet "Renal Colic Emergency Management" ([#00002 effective Jan 24/2003](#)).

- c) Reassessment after Imaging Study.  
Initiate part C of the preprinted physician order sheet "Renal Colic Emergency Management" ([#00002 effective Jan 24/2003](#)).

### **Clinical considerations**

The possibility of aortic abdominal aneurysm, renal cell or transitional cell carcinoma should be considered in the older patient.

### **Responsibilities** **Physicians**

All physicians may initiate this guideline by completing the preprinted orders "Renal Colic Emergency Management" ([#00002 \(effective Jan 24/2003\)](#)). Preprinted order sheets are available in the Emergency Department.

### **Patient Education**

Upon discharge from the Emergency Department, the patient will be given the Renal colic discharge instruction sheet. (**Appendix 2**)

### **Evaluation:**

After the guideline has been in place for a period of 6 months, 50 consecutive cases of suspected renal colic will be evaluated to determine compliance and outcome. The endpoints to be measured will include length of stay in the Emergency Department, time to pain control, rate of Emergency laboratory and imaging studies, hospitalization rates, and return visits to ER.

### **References:**

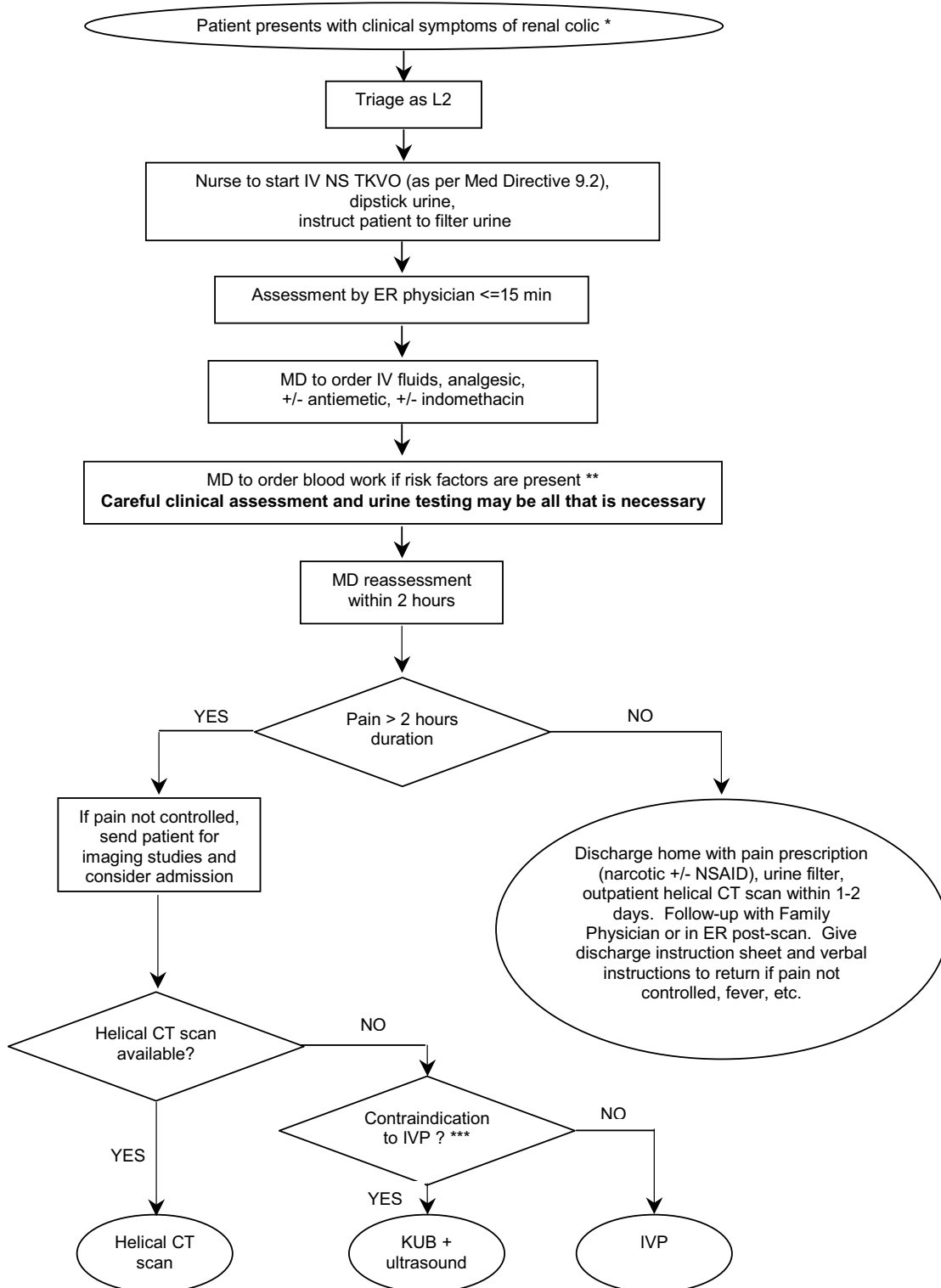
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**Approval:**

Emergency Department: May 2000  
Emergency Steering Committee: May 2000  
Pharmacy and Therapeutics Committee: May 2000  
Professional Practice Committee: June 2000  
Clinical Quality Care Committee: June 2000  
Medical Advisory Committee: August 2000

**Appendix 1  
Management of Renal Colic in the Emergency Department**

[See preprinted physician order sheet #00002 D HR – Renal Colic Emergency Management](#)



\* Usually young, previously healthy male, age 20 to 50, sudden onset of severe flank pain, +/- radiation, +/- nausea, with hematuria present in over 95% of cases. **Beware of the possibility of abdominal aortic aneurysm, renal cell or transitional cell carcinoma in the older patient.**

\*\* Diabetes, hypertension, age>60, solitary kidney, immunosuppressed, coronary artery disease, CHF, severe liver disease.

\*\*\* Elevated BUN/creatinine, allergy to IVP dye. Consult radiology if patient on Metformin.

## **Patient Discharge Instruction Sheet – Renal Colic**

Renal colic (kidney stones) is a very common condition. The stones can be made of crystals which form in the kidney. They can be very painful, especially when the stone is moving through the ureter, the tube connecting the kidney to the bladder.

Most of the time kidney stones pass on their own without treatment. There are times, though, that the stone blocks the flow of urine which requires further treatment and follow-up care.

While in the Emergency Department pain medication is given to control the pain caused by the stone.

- Take the medication as directed to control the pain at home.
- Do not drive or engage in any activity requiring concentration while you are taking pain medication.
- Drink lots of fluid, at least 8 large glasses every day.
- Strain all your urine until you pass the stone or until you have been free of pain for 2 days.

### **Return to the Emergency Department if:**

- The pain is not relieved by the medication you were prescribed.
- You stop urinating completely.
- You feel that your abdomen is enlarging.
- Your urine becomes more bloody than it was when you were seen in the emergency department.
- You get fever or chills.
- You are unable to keep any fluids down because of vomiting.

### **Comments:**