Urolithiasis Guideline

Absolute indications for urology consult from the ED (Phone call to urologist)

1) Obstructing stone in the ureter of a solitary kidney with resultant acute renal failure
2) Obstructing stone with concern for sepsis
3) Obstructing stone in the ureter with non or minimally functioning contralateral kidney resulting in acute renal failure
4) Obstructing Stone with uncontrollable nausea/vomiting or pain

For a septic patient, please notify the medical hospital team or critical care team for admission. Patient may require a percutaneous nephrostomy tube to decompression obstructed kidney in the setting of sepsis.

Important Points regarding non-obstructing intrarenal urolithiasis

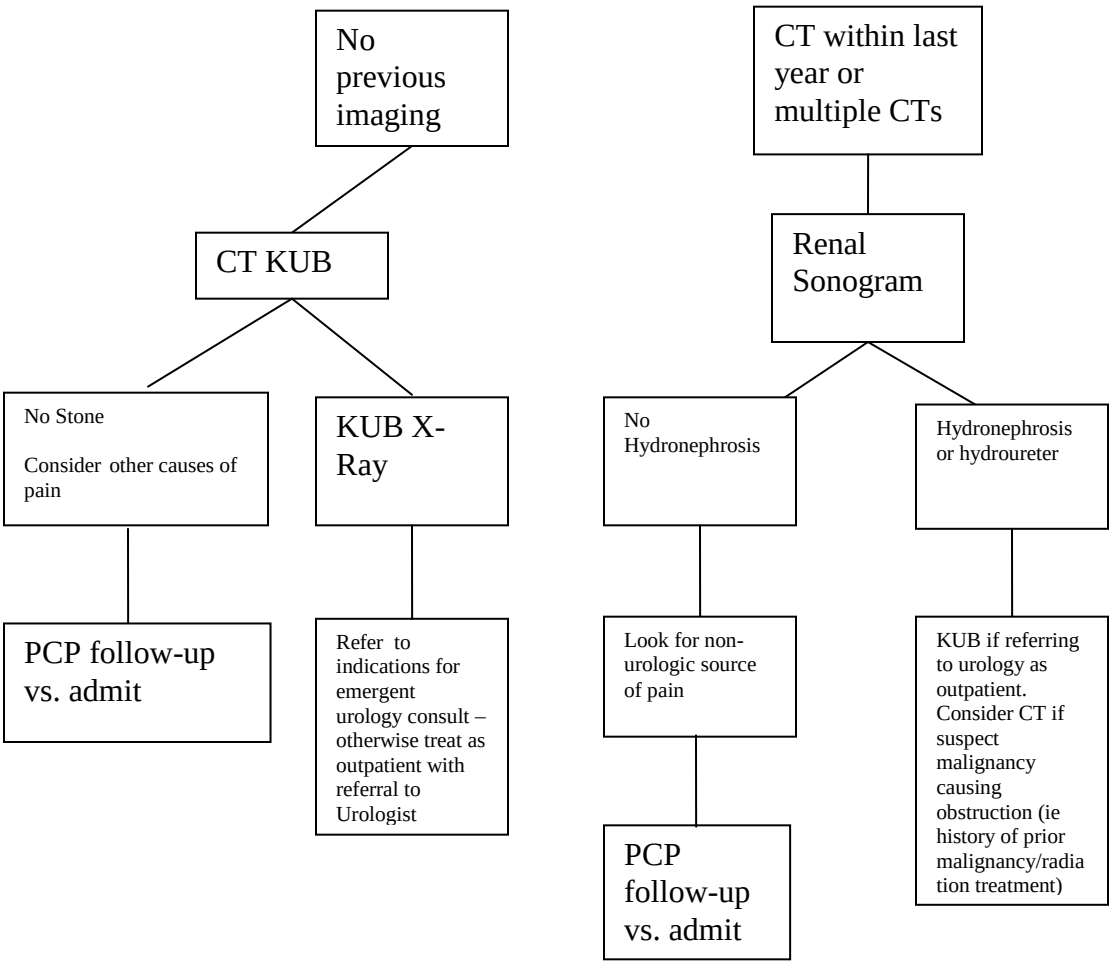
1) Non-obstructing stones rarely require intervention
2) Patients with Medullary Sponge Kidney often have pain and non-obstructing stones
3) Non-obstructing stones, with a normal UA, are almost never a urologic emergency and are appropriate for PCP follow-up

Imaging Guidelines:

1) If you suspect urolithiasis in an ED patient with no prior history, a non-contrast CT of the abdomen/pelvis (CT KUB) is indicated for diagnosis
2) If the patient has had recent CT imaging and is well-appearing, a renal ultrasound and KUB x-ray is a reasonable imaging modality.
3) All patients with suspected stones on CT or Ultrasound should have a KUB x-ray done prior to leaving the ED to allow outpatient management/evaluation of the stone.
4) If the patient is not diagnosed with urolithiasis on imaging, please refer them to PCP for ongoing evaluation and treatment, not urology.

Drafted May, 2015. Drs. Tony Chen, Matt Beecroft, Sarah Hansen, Brandon Tudor, Ryan Keay

Suspected Renal Colic – no suspected Sepsis



It is the recommendation of the Urology Team that all patients with suspected stones get some form of imaging. If there is no confirmation imaging performed in the ED, please refer patient to their PCP, not urology.

Urolithiasis Treatment Guidelines

Stones less than 5 mm in the Ureter

1) Stones less than 5mm are likely to pass without surgical intervention
2) If a stone is 2 mm or smaller, no referral to urology is needed. Please refer to PCP and give adequate pain medication
3) Urology recommends utilizing Ketorolac in a pain regimen, unless precluded by renal insufficiency, age or allergy
4) Some literature supports Tamsulosin as helpful in expulsion of small stones in the ureter. Its usage is at the discretion of the ED physician, however if supplying a prescription, please do so for one month.

Stones greater than 5mm in the ureter

1) These stones are less likely to pass and patients need referral to a urologist from the ED
2) Recommended time frame for follow-up with the urologist is one week. Patients should call the urologist to schedule follow-up and indicate they are an ED patient.

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