

Acute loin pain protocol

This protocol is designed to rapidly exclude a leaking abdominal aortic aneurysm (or other serious, non-uological causes of 'loin' pain), hence the emphasis on early scanning by CTU (or ultrasound scan between midnight - 9.00am). The protocol has been designed with input from consultants in the Emergency Department, General Surgery, Radiology and Urology, and therefore has been carefully designed and agreed on as the protocol for the management of loin pain by all these departments.

Remember, fifty percent of patients with so-called 'classic' symptoms of a ureteric stone have some other, non-uological cause for the pain, such as a leaking AAA, bowel perforation or obstruction, twisted ovarian cysts or ruptured ectopic pregnancy, appendicitis, testicular torsion (not infrequently presenting with loin pain as the dominant symptom), myocardial infarction or chest infection and even malaria (haematuria with loin pain bilaterally). Be suspicious: take a history. Perform a careful examination, which includes examining the scrotum in male patients.

Renal Colic assessment Oxford Emergency Department

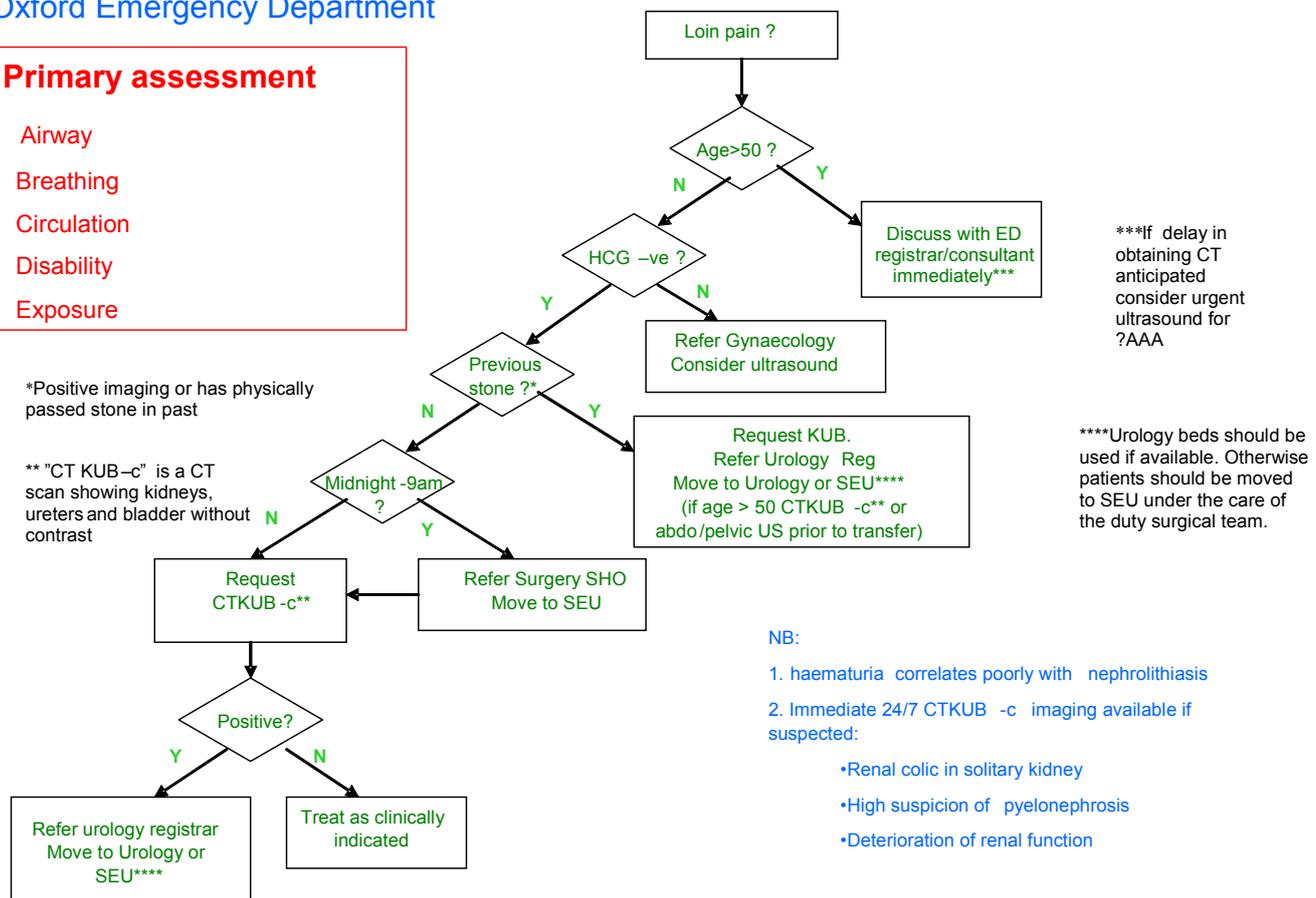
Primary assessment

Airway
Breathing
Circulation
Disability
Exposure

*Positive imaging or has physically passed stone in past

** "CT KUB -c" is a CT scan showing kidneys, ureters and bladder without contrast

Secondary assessment

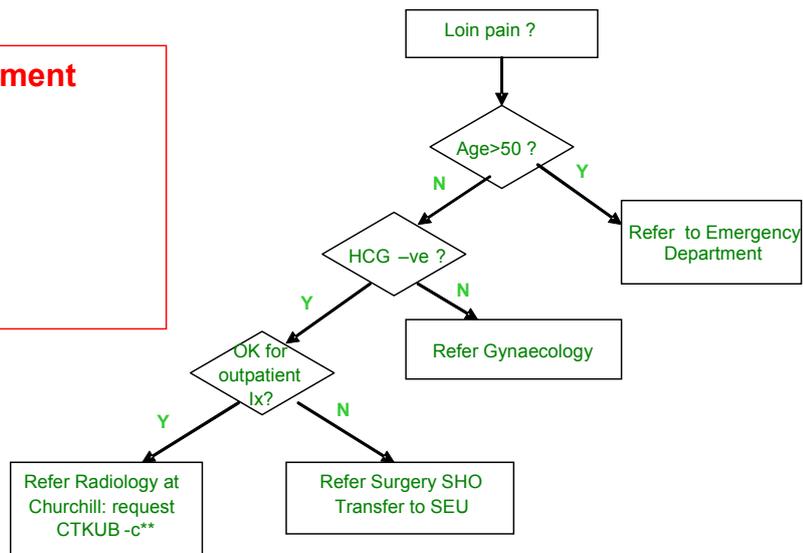


Renal Colic assessment Primary Care

Primary assessment

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Secondary assessment



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NB:

1. haematuria correlates poorly with nephrolithiasis
2. Immediate 24/7 CTKUB -c imaging available if suspected:

- Renal colic in solitary kidney
- High suspicion of pyelonephrosis
- Deterioration of renal function