Acute loin pain protocol

This protocol is designed to rapidly exclude a leaking abdominal aortic aneurysm (or other serious, non-urological 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-urological 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

Secondary assessment

- Loin pain?
- Age>50?
- HCG –ve?
- Previous stone?

Request KUB -c**
- midnight -9am?
- CTKUB-c after midnight?

Positive?
- Refer urology registrar
- Move to Urology or SEU***

Refer Surgery SHO
- Move to SEU

- Refer Gynaecology
- Consider ultrasound

- Discuss with ED registrar/consultant immediately***

- CTKUB-c or abdo/pelvic US prior to transfer

Refer Gynaecology
- Consider ultrasound

- CTKUB-c if age > 50

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

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Renal Colic assessment
Primary Care

Primary assessment
- Airway
- Breathing
- Circulation
- Disability
- Exposure

Secondary assessment

Loin pain?

Age>50?
- Refer to Emergency Department
- HCG –ve?
- Refer Radiology at Churchill; request CTKUB-c**

OK for outpatient Ix?
- Refer Surgery SHO
- Transfer to SEU

Refer Gynaecology

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

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