

# RENAL COLIC (symptomatic kidney/ureteral stones) TRANSITIONS OF CARE TRIAGE PROTOCOL

- Please use the below dotphrase for any patient presenting to UNC Main or Hillsborough emergency departments with a *chief complaint of renal colic* (aka symptomatic kidney/ureteral stone)

## ***.EDPROVKIDNEYSTONERISK***

- *This will provide 1) risk category criteria, 2) disposition recommendations, and 3) smartphrases to include in the assessment/plan section of your note <see next page>*
  - *You can F2 through this Dotphrase to delete the risk criteria chart; please don't delete the smartphrases regarding risk and disposition as we are tracking these*
- *You can access these through Dr. Gary Burke's smartphrase list*

# RENAL COLIC (symptomatic kidney/ureteral stones)

## TRANSITIONS OF CARE TRIAGE PROTOCOL

### LOW RISK RENAL COLIC PATIENT (All of the following criteria)

- Single ureteral/renal stone <7 mm in largest diameter on imaging
- No other illness requiring hospitalization
- Pain controlled w/ non-narcotic analgesics
- NO evidence of UTI/sepsis
- NO evidence of acute kidney injury (AKI) OR AKI responsive to fluids

#### DISPOSITION:

- Ambulatory referral to urology clinic in ~ 4 weeks

OR

- Encourage follow-up with established outside urologist

OR

- Ambulatory referral to same day Internal Medicine clinic at Eastowne  
(FUTURE PATHWAY)

### MODERATE RISK RENAL COLIC PATIENT (All of the following criteria)

- Single ureteral/renal stone 7-10 mm in largest diameter on imaging OR multiple stones of any size up to 10 mm
- No other illness requiring hospitalization
- Pain only controlled with narcotic analgesics
- No evidence of UTI/sepsis
- NO evidence of acute kidney injury (AKI) OR AKI responsive to fluids

#### DISPOSITION:

- Ambulatory referral to urgent urology clinic within 1-2 weeks.

OR

- Encourage follow-up with established outside urologist within 1-2 weeks.

### HIGH RISK RENAL COLIC PATIENT (Any one of the following criteria)

- Single or multiple ureteral/renal stones >10 mm in largest diameter on imaging
- Bilateral ureteral stones of any size
- Ureteral/renal stone in solitary kidney
- Other illness requiring hospitalization
- Pain poorly controlled by narcotics/non-narcotic analgesics
- Repeat ED visit for renal colic within 30 days of original presentation
- Evidence of UTI/sepsis
- AKI unresponsive to fluids
- Pregnant

#### DISPOSITION:

- Urology consult and likely observation unit stay OR admission



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# Go with the flow!

Please place an “**ambulatory referral to urology**” order for renal colic patients suitable for discharge and who don’t have an established urologist and **specify**:

- 1) Department → “*UNCH urology manning drive*”
- 2) Reason for referral in comments section (e.g. “kidney stone”)
- 3) Timing of follow-up:

- Low risk patients should have follow-up in ~4 weeks
- Moderate risk patients should have follow-up in 1-2 weeks

**Include below smartphrase in the patient’s After Visit Summary (AVS):**

“.EDPROVKIDNEYSTONEDCENG” (English) OR

“.EDPROVKIDNEYSTONEDCSPANISH” (Spanish)