

## **Acute Renal Colic Care Pathway**

### **Observation admission criteria**

Sign/symptoms consistent with renal colic

Documented ureteral stone

Persistent pain or vomiting despite ED therapy and deemed unable to discharge

### **ED Assessment**

Should already have imaging in the ED such as KUB or CT w/o contrast

If urosepsis present then emergent decompression (ureteral stent or nephrostomy tube), with urology consult.

If stone >10 mm, then urology consult

If stone ≤10 mm and persistent pain, vomiting, then admit to obs unit

### **OBS Unit workup**

In the obs unit, start or continue

IVFs

Strain urine

Pain control - NSAIDs preferred over opioids

Anti-emetics prn

Flomax 0.4 mg qd x 4 weeks to facilitate stone passage

Urology consult if patient has AKI, anuria, or unyielding nausea/vomiting, pain.

### **Criteria for discharge**

Pain resolved or significantly improved

Tolerating adequate oral intake

Stone removal by procedure or passed spontaneously

Stable vitals and labs

### **Consider/transfer to Inpatient**

Not improved or worsening condition/nausea/vomiting/pain

Unable to take oral

Worsening labs such as wbc, or creatinine