

Management of Renal Colic in Local Emergency Department

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Abstract : Renal colic is one of the most common urological presentations to emergency departments (ED) worldwide and has significant patient morbidity due to pain and other systemic symptoms. Despite being a ubiquitous presentation, it is often poorly managed, with patients receiving subpar management, significant discomfort due to poor analgesia regimen, and too early referral to Urology without adequate workup, to name a few. Many EDs in New Zealand have guidelines laid out for the management of renal colic presentations, focusing on diagnostic imaging, blood and urine tests, analgesia regimens (including diclofenac), alpha-blockers, and indications for discharge versus referral to Urology. It is important to have clear and easy-to-follow guidelines for the management of renal colic to ensure patient care is maximized and the pressure on Urology departments with unnecessary referrals is circumvented. Palmerston North Hospital in New Zealand has its own renal colic management guidelines developed by the Urology department. This audit aims to determine whether the appropriate investigations and management took place within our ED. Our pilot study consisted of 10 patients presenting with 'renal colic' in March 2024. 100% had a CT KUB for diagnosis (with stones ranging from 2mm to 8mm), a urine dipstick done, and blood tests including creatinine. Only 20% of patients had a urine sent for culture. 100% of the patients presented to ED and were discharged with medical expulsion therapy (only 30% were discussed with or reviewed by Urology). On discharge, 90% received a script with paracetamol, 80% with diclofenac (PO/PR), and 60% with an alpha-blocker.

Keywords : renal colic, medical expulsion, surgery, calculi, alpha blockers

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