

**Clinical Guideline:** Renal Colic Site: FPH

* Abrupt onset, colicky on background of constant pain
* Loin to groin pain (may go to external genitalia)
* Patient is restless (c.f. Peritonitis patient is still)
* May be nausea, vomiting and tachycardia
* If temperature refer ?Pyelonephritis -  patient will be ‘unwell’
* Evidence of infection (Temp, tachycardia, dipstic + Leuc/Nitrates) with stone need urgent hospital assessment via A and E

History

* Encourage oral fluids
* Analgesia oral NSAIDs or rectal NSAIDs. Second line paracetamol/opiod combination
* Tamsulosin for 21 days

Advice and Treatment

**Consider referral if:**

Suspected pyelonephritis

Not responding to analgesia

Systemically unwell

Anuria

Solitary kidney (or unilateral function)

Need for IV fluids as vomiting

Stone not passed or symptoms not resolved in 2 weeks

Referral Guidelines – red flag signs

* Urine dip
* Arrange IVU
* Serum calcium and urate for first attack and refer if more than one episode

Investigation

* Abdominal examination
* Exclude AAA

Examination

* Males>females 2.5:1
* Common ages: 20s and 50s
* 90% of stones presenting as renal colic in primary care will pass spontaneously.

General Information