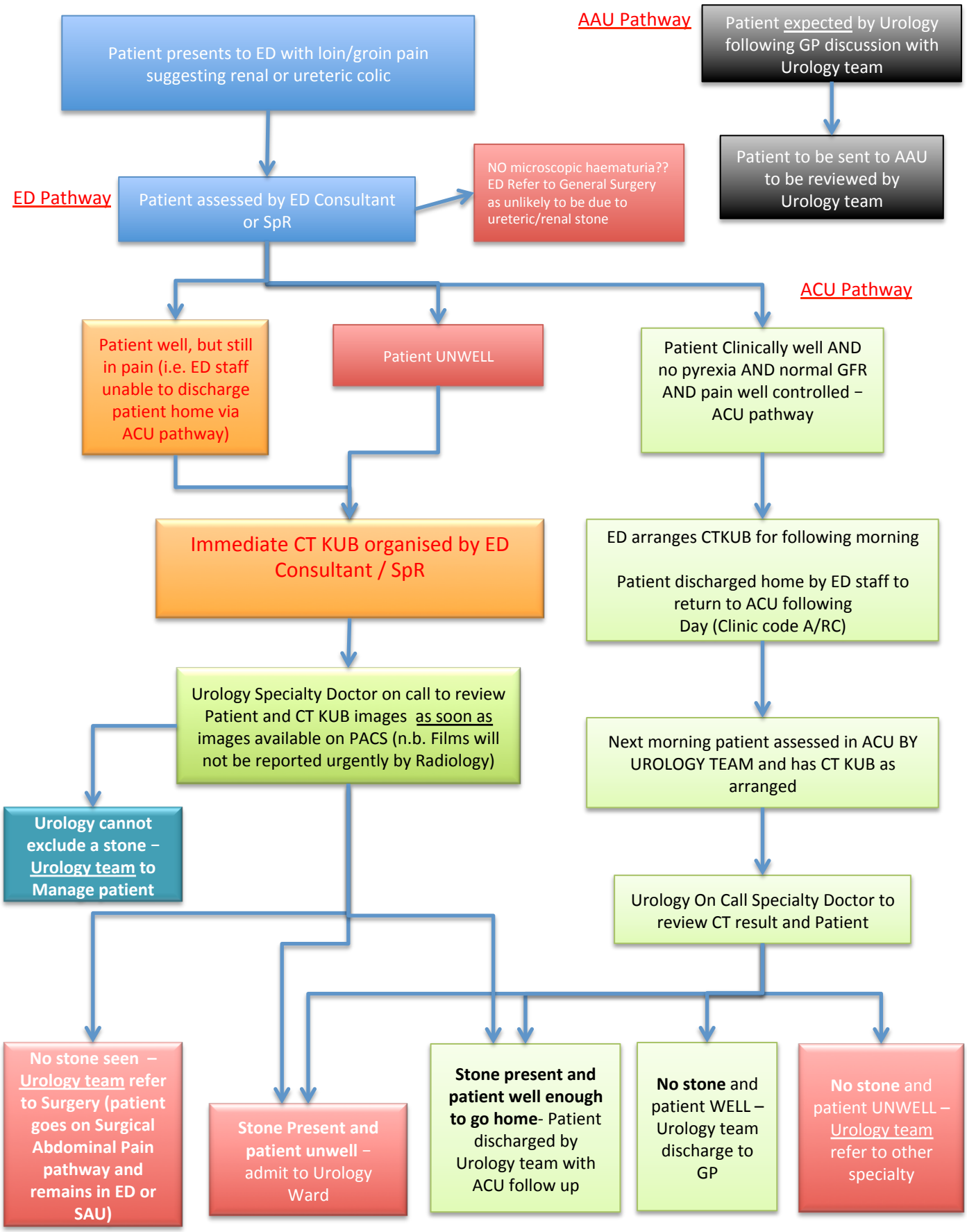
> 50 Years – Consider AAA!

Index

PCH Urology Renal Colic Pathway – February 2020



See Note 1

24 Feb 20 - C Dawson

FAQs for PCH Renal Colic Pathway

Q: If upon review by Urology Specialty Doctor and suggested 'No Stone' in CT I am wondering why it won't be possible for the Urology Specialty Doctor to refer to surgery. Our worry is that the patient will be passed on by specialty to specialty with no steady progress. I absolutely take it that the right patient to be in the right ward but it shouldn't be the case of bouncing back patients between specialties either. Hence, once agreed by Janine and Filippo, Urology should be able to refer to surgical team. For Medicine, it shouldn't be a problem and we can absolutely help the team

A: We (Urology) agree that the Urology Specialty Doctor could make the call to Surgery. However the patient will need to remain in ED and at the point that the Urology Specialty Doctor reviews the CT, diagnoses "no stone", and makes the call to Surgery, the patient would become a Surgical patient on an "undiagnosed abdominal pain" pathway.

Q: There are incidences when a patient will have a good history of renal colic with positive urine dip but negative CT due to passing of stones. Is it still right to refer these patients to the surgical team and would it not be possible for the urology team to discharge?

A: The only patients who will be having a CT as an emergency will be those who are either unwell, or in severe pain. This history would not be consistent with somebody who has passed a stone. By definition a patient in this quadrant of the pathway AND a negative CT would need a surgical review to exclude another pathology.

Q: What if Urology team have suggested no stone and subsequently the scan has been reported with a stone or some other pathology, how do we get these patients into the system and who is responsible to facilitate that? These patients would be discharged on the basis of Urology SpR reviewing the patient and the scan but will be discharged under the ED clinician. We in ED feel uncomfortable about discharging a patient on behalf of another speciality especially when the scan has not formally been reported.

A: The Urology team accepts that there will be occasions when this will happen. However by definition these patients will have been seen by surgery and, because they are unwell or in pain, we suspect they will be admitted. The CT can be reported the following working day, and if this does show a stone, then the Urology team would of course be happy to review and accept the patient.

24 Feb 20 - C Dawson