



EXCLUSION CRITERIA	
ABSOLUTE	RELATIVE
<ul style="list-style-type: none"> Evidence of systemic infection Peritonism Jaundice 	

KEY CONSIDERATIONS DURING SSU ADMISSION
<ul style="list-style-type: none"> Confirm diagnosis (biliary USS) - if pain resolved and normal inflammatory markers and biochemistry, may obtain as outpatient Exclude complications of cholelithiasis <ul style="list-style-type: none"> Infection (FBE/CRP) Obstruction of biliary tree (LFTs), Pancreatitis (Lipase) Dehydration (UEC) Exclude differentials - Ischaemia (ECG); perforated PUD (erect CXR) Analgesia <ul style="list-style-type: none"> Simple: regular - Paracetamol 1g QID / Ibuprofen 400 mg TDS oral regular Opioid: Oxycodone 5-10mg prn / Morphine 2.5mg IV aliquot prn Antiemetic - Ondansetron 4-8mg sublingual or IV / Metoclopramide 10mg QID oral or IV

REFERRAL CRITERIA (Surgical)	DISCHARGE CRITERIA
<ul style="list-style-type: none"> Systemic infective symptoms or haemodynamic compromise High grade obstruction on USS Grossly abnormal LFTs/Lipase Unable to tolerate oral intake 	<ul style="list-style-type: none"> Tolerating oral analgesia Tolerating oral intake Cholelithiasis confirmed or USS arranged for next working day

DISCHARGE REQUIREMENTS
<ul style="list-style-type: none"> Follow up plan; options include – <ul style="list-style-type: none"> LMO with outpatient surgical referral via BOSSNet Patient can explore private surgical options if insured More urgent surgical follow up if recurrent biliary colic – discuss with surg reg Prescriptions for prn analgesia Medical certificate Education – avoid fatty meals and any other individually identified triggers e.g. alcohol