



<b>Unilateral flank pain +/- radiation to groin</b>	
<b>EXCLUSION CRITERIA</b>	
<b>ABSOLUTE</b>	<b>RELATIVE</b>
<ul style="list-style-type: none"> <li>• Systemic symptoms or signs of infection</li> <li>• Significant deterioration of GFR from baseline                             <ul style="list-style-type: none"> <li>○ Pulsatile mass (AAA)</li> </ul> </li> <li>• Other diagnosis strongly suspected that requires admission e.g. Surgical abdomen, testicular torsion</li> </ul>	<ul style="list-style-type: none"> <li>• Pregnancy</li> <li>• Single kidney</li> </ul>
<b>KEY CONSIDERATIONS DURING SSU ADMISSION</b>	
<ul style="list-style-type: none"> <li>• Establish diagnosis and exclude red flag diagnoses                             <ul style="list-style-type: none"> <li>○ CTKUB if                                     <ul style="list-style-type: none"> <li>▪ Age &gt; 50 and no prior history of stones (AAA for exclusion)</li> <li>▪ Significant opiate requirement</li> <li>▪ Deterioration of renal function</li> <li>▪ Any symptoms or signs of urinary tract infection – to exclude need for nephrostomy</li> <li>▪ Intractable and recurrent pain during admission</li> </ul> </li> <li>○ Management without imaging can otherwise be considered if                                     <ul style="list-style-type: none"> <li>▪ Age &lt; 40 and normal renal function, no infective features OR</li> <li>▪ Previous history of stones and pain consistent</li> <li>▪ With good response to analgesia</li> </ul> </li> </ul> </li> <li>• Analgesia + antiemetic                             <ul style="list-style-type: none"> <li>○ Paracetamol 1 g QID, NSAID (Ibuprofen/Indomethacin) TDS, Oxycodone 10mg QID regular</li> <li>○ IV morphine 2.5mg prn</li> <li>○ Metoclopramide 10 mg IV or oral QID/Ondansetron 4-8 mg IV or sublingual TDS prn</li> </ul> </li> <li>• Tamsulosin 400microg po daily if stone &gt; 5mm or proximal</li> <li>• Hydration – encourage oral hydration and food +/- IV N/saline</li> </ul>	
<b>REFERRAL CRITERIA (Urology)</b>	<b>DISCHARGE CRITERIA</b>
<ul style="list-style-type: none"> <li>• Calculi &gt; 5mm</li> <li>• Development of concurrent UTI</li> <li>• Unstable vital signs or persisting fever</li> <li>• Ongoing pain in spite of maximal analgesia</li> <li>• Deterioration in renal function during admission</li> <li>• Alternative diagnosis</li> </ul>	<ul style="list-style-type: none"> <li>• Stable vital signs</li> <li>• Stable renal function</li> <li>• Tolerating oral intake</li> <li>• Tolerating oral analgesia</li> <li>• Pain resolved or controlled</li> </ul>
<b>DISCHARGE REQUIREMENTS</b>	
<ul style="list-style-type: none"> <li>• Follow up plan; LMO for small distal stones, discharge letter with CT report; Urology clinic (via BOSSNet) for others (need plain KUB XR before dc)</li> <li>• Prescription for oral analgesia as needed e.g. Oxycodone, NSAID, and medical certificate</li> <li>• Re-attendance advice e.g. recurrence of pain unresponsive to oral analgesia</li> </ul>	
<b>NURSE INITIATED DISCHARGE CRITERIA</b>	
Medical staff to check: <ul style="list-style-type: none"> <li><input type="checkbox"/> Analgesic requirements met for stay and discharge</li> <li><input type="checkbox"/> All investigations reviewed and results actioned</li> <li><input type="checkbox"/> Discharge documentation and patient education completed</li> </ul>	NID: <b>Appropriate/ Not Appropriate</b> Signature
Outcomes pending (to be filled in by MO):	
Nursing staff to check: <ul style="list-style-type: none"> <li><input type="checkbox"/> All “discharge criteria and requirements” met</li> <li><input type="checkbox"/> Pain free and tolerating diet</li> <li><input type="checkbox"/> Transport home available – should not drive home if recent opiates</li> </ul>	NID: <b>Appropriate/ Not Appropriate</b> Signature