

Management of Suspected Renal Colic Out of Hours (OOH)

The questions below assume an adult patient who is not pregnant and referred to the OOH team.

Out-Of-Hours is defined as between 1700-0800 in weeknights and from 1700 Friday-0800 Monday at the weekend. Bank Holidays are included in OOH.

Please complete this form electronically and return to jack.houlton1@nhs.net. Many thanks for your time.

1. Please complete the following information about yourself:

What is the name of the Hospital that you work in?

MKUH

What is your job title/current role?

Consultant urological Surgeon

Do you assess suspected renal colic referrals OOH?

Yes

No

2. Diagnostic Imaging:

What is your investigation for suspected renal colic?

CTKUB

USSKUB

IVU

Is diagnostic imaging always offered within 24 hours of presentation?

Yes

No

Is dipstick haematuria mandatory prior to requesting **in-hours** imaging?

Yes

No

Is dipstick haematuria mandatory prior to requesting **OOH** imaging?

Yes

No

Does your hospital provide an imaging service for OOH straightforward suspected renal colic if the patient does not meet criteria for admission?

Yes

No

Which clinician is responsible for arranging OOH imaging for suspected renal colic? (please select all who apply)

A&E

F1/F2/SHO

Registrar

Consultant

Urology

Gen Surg

Other (please specify):

Who is the on-call point-of-contact for arranging OOH imaging?

Radiologist

Urologist

Radiographer

Other (please specify):

3. OOH Imaging Reports

Who reports on OOH imaging?

	Registrar	Consultant
A&E	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Urology	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Radiology	<input type="checkbox"/>	<input type="checkbox"/>
Not reported OOH		<input type="checkbox"/>

Other (please specify):

When are images reported?

	Same Night	Next Working Day
On-Site Radiologist	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Off-Site/ Outsourced Radiologist	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify):

Do patients get admitted to the ward before imaging is formally reported?

Yes No

If so, who is formally responsible for their care?

A&E Urology Gen Surg

If imaging is **not** done OOH and patients are sent home with analgesia, who follows-up these patients?

A&E Urology Gen Surg
GP

Other (please specify):

4. Pain Management & Alpha-Blockers

Do you offer non-steroidal anti-inflammatory drugs (NSAID's) as first-line pain management?

Yes No

Do you offer intravenous paracetamol in suspected renal colic if NSAID's are contraindicated or not sufficient pain relief?

Yes No

Do you offer opiate analgesia if the above options are not sufficient?

Yes No

Do you offer alpha-blocker therapy for patients with distal ureteric stones less than 10mm?

Yes No

5. Do you have any additional comments?

None .

Thank you very much for your time in completing this questionnaire. Your answers will help identify areas of improvement in the management of suspected renal colic. Please return to jack.houlton1@nhs.net.

Kind regards,
Dr Jack Houlton, CT1 Urology North Devon District Hospital