

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? Queen Alexandra Hospital Trust
What is your job title/current role? Urology Specialist Registrar

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)

	F1/F2/SHO	Registrar	Consultant
A&E	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Urology	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gen Surg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify):
.....

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

Other (please specify):
Urologist initially contact to decide if OOH required, then Radiologist contacted.
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3. OOH Imaging Reports

Who reports on OOH imaging?

	Registrar	Consultant
A&E	<input type="checkbox"/>	<input type="checkbox"/>
Urology	<input type="checkbox"/>	<input type="checkbox"/>
Radiology	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" 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?

Practice can vary depending on time of OOH service. Onsite Radiology reporting is performed during weekends but not in the evenings. Evenings/Overnight reporting performed by outsourced Radiologist. If a patient is offered a CT KUB OOH by the A&E team then the A&E team are responsible for their care until formally accepted by the admitting team.

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