

PHYSICIAN'S ORDERS  
RENAL COLIC EMERGENCY MANAGEMENT (Adult)

REFER TO THE ALLERGY SCREEN IN MEDITECH FOR ALLERGY INFORMATION

To complete the order form, fill in the required blanks and/or check the appropriate boxes.  
To delete orders, draw one line through the item and initial.

PART A - INITIAL MANAGEMENT

Nursing:

Dipstick urine  
Instruct patient to filter urine

Medications:

IV normal saline TKVO OR \_\_\_\_\_ mL/h  
Dimenhydrinate 25-50 mg IV q4h prn  
Morphine \_\_\_\_\_ mg IV STAT then \_\_\_\_\_ mg IV q10min prn (maximum \_\_\_\_\_ mg/h) OR \_\_\_\_\_  
Indomethacin 100 mg Suppository rectally x 1 OR indomethacin \_\_\_\_\_ mg po x 1

Labwork:

- Urinalysis
- Urine culture
- High risk patients: CBC, electrolytes, urea, creatinine, glucose

Monitoring:

Vital signs, SaO2 q15min before and during administration of narcotic

Additional Orders:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

MD SIGNATURE \_\_\_\_\_

PART B - FOLLOWING REASSESSMENT at 2 hours

Pain resolved:  
Helical CT scan in 1-2 days as outpatient  
Followup with Family Physician or ER following scan  
Prescription for analgesic (+/-) NSAID  
Discharge instruction sheet, urine filter

OR

Pain NOT resolved:  
 Helical CT scan (if available)  
OR  
 IVP (if no contraindications)  
OR  
 KUB and ultrasound

Date: \_\_\_\_\_ Time: \_\_\_\_\_

MD SIGNATURE \_\_\_\_\_

Part C - MANAGEMENT FOLLOWING IMAGING STUDIES

Admit patient to \_\_\_\_\_, MRP \_\_\_\_\_  
Urology consult

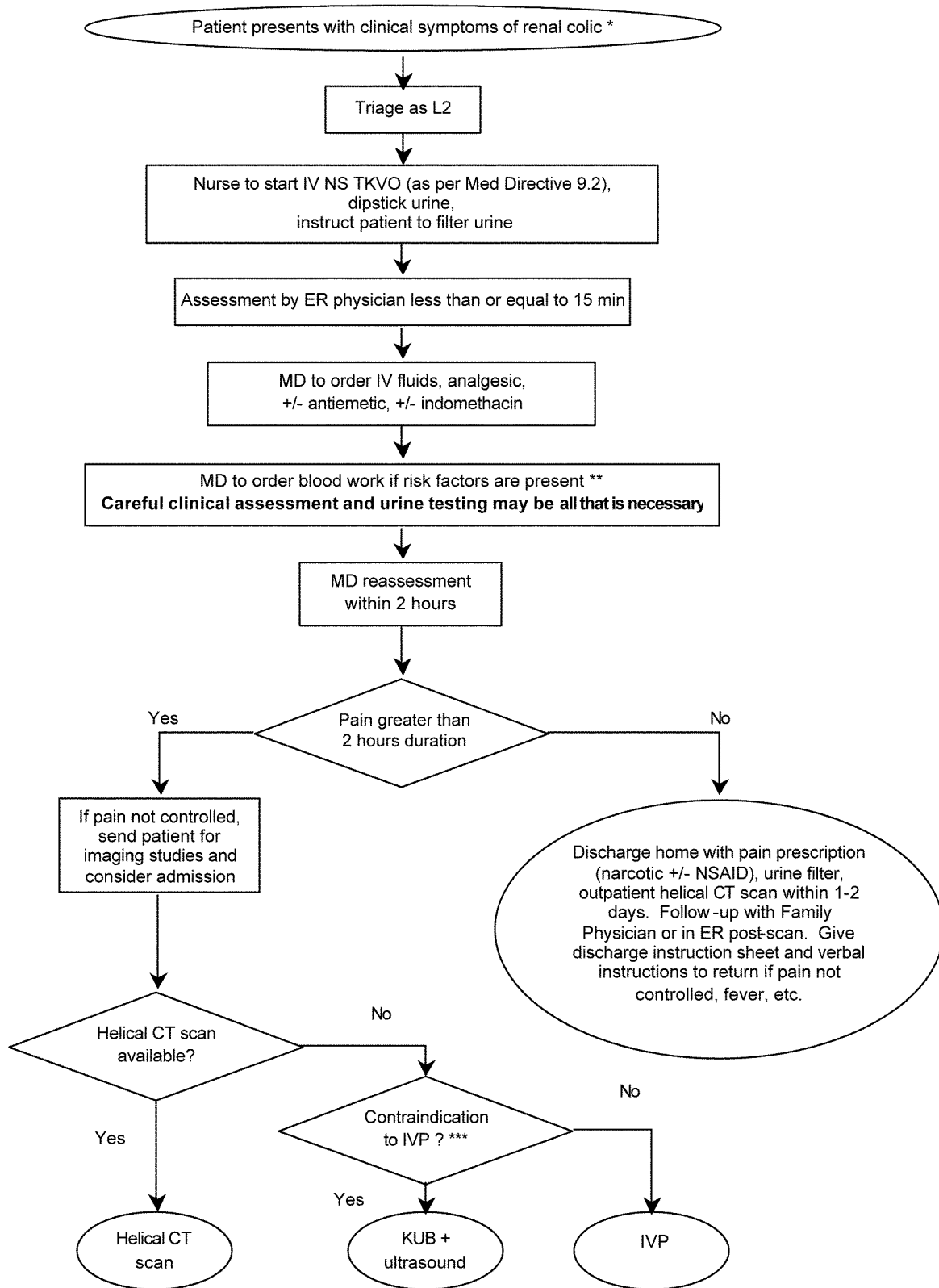
OR

Discharge patient, followup with Urology or Family Physician.  
Prescription for analgesic (+/- NSAID)  
Discharge instruction sheet, urine filter

Date: \_\_\_\_\_ Time: \_\_\_\_\_

MD SIGNATURE \_\_\_\_\_





\* Usually young, previously healthy male, age 20 to 50, sudden onset of severe flank pain, +/- radiation, +/- nausea, with hematuria present in over 95% of cases. **Beware of the possibility of abdominal aortic aneurysm, renal cell or transitional cell carcinoma in the older patient.**

\*\* Diabetes, hypertension, age greater than 60, solitary kidney, immunosuppressed, coronary artery disease, CHF, severe liver disease.

\*\*\* Elevated BUN/creatinine, allergy to IVP dye. Consult radiology if patient on Metformin.

