

**SURNAME:**

**GP DETAILS:**

**FIRST NAME:**

**GP PRACTICE CODE:**

**DATE OF BIRTH:**

**FAX NO:**

**ADDRESS:**

**NHS/PRIVATE:**

**PHONE NO.**

**MALE / FEMALE**

**NHS NO.**

**PATHWAY FOR CT KUB REFERRAL IN A PATIENT WITH RENAL COLIC.**

*PLEASE CIRCLE ANSWERS BELOW:*

Good history of renal colic.                      YES      NO

**If answer is yes to any of these please check the red flag features.**

If yes, which side?                              RIGHT      LEFT

Dipstick or MSU haematuria.                      YES      NO

**If answer is no to all of these please re-evaluate clinical history.**

Patient feels pain is adequately controlled post analgesia.                      YES      NO

**RED FLAG FEATURES**

Please tick boxes below.

	YES	NO
Tenderness in loin over kidney.	<input type="checkbox"/>	<input type="checkbox"/>
Temperature >37.5 degrees centigrade.	<input type="checkbox"/>	<input type="checkbox"/>
History of obstructing calculi.	<input type="checkbox"/>	<input type="checkbox"/>
Clinical signs of infection.	<input type="checkbox"/>	<input type="checkbox"/>
Patient with a known solitary kidney.	<input type="checkbox"/>	<input type="checkbox"/>

**IF YES TO ANY RED FLAGS PLEASE SEND PATIENT DIRECTLY TO A/E.**

**IF NO ALL OF THE RED FLAGS PLEASE SEND PATIENT TO CT.**

- WALK IN SERVICE                      Monday-Friday 9-4.30, Saturday 9-12 at KINGSTON HOSPITAL Rowan Bentall Wing
- Please give request form to patient

**GP SIGNATURE** .....

**If the clinical presentation is not within the indications outlined above but you still feel this investigation would be appropriate the CT Department would be happy to discuss on Ex 2839**