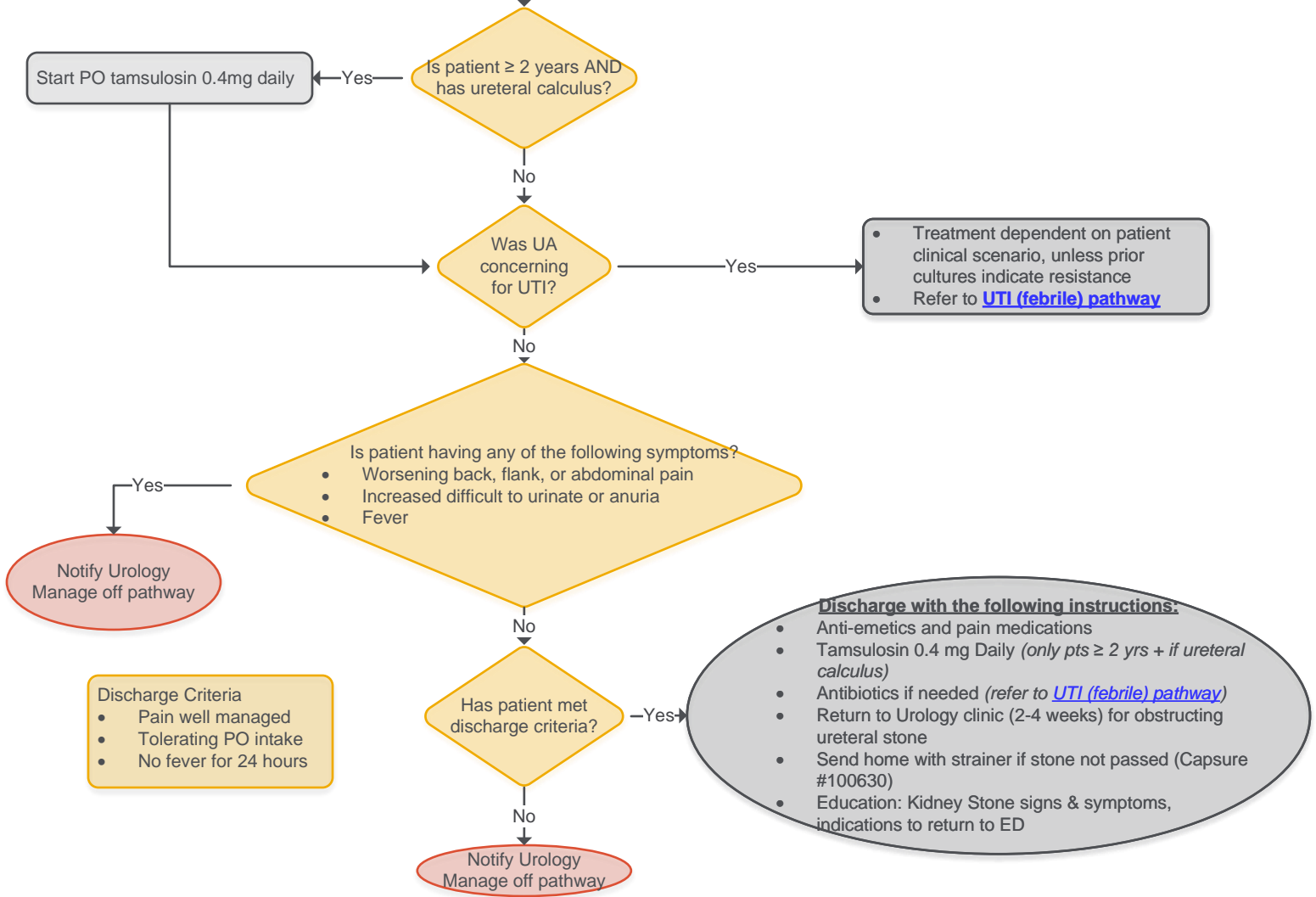


RENAL CALCULI PATHWAY INPATIENT

Admitted for concern of obstructing ureteral stone

- On admission, place the following orders:**
- Consult Urology, if not already done
 - Maintenance IV fluids
 - Pain Management for all severity of pain levels: (NSAIDs recommended first line to reduce renal colic)
 - First line: PO acetaminophen PRN and IV ketorolac PRN (*PO ibuprofen alternative*)
 - Second line: IV morphine PRN
 - Anti-emetic: ondansetron
 - Labs (*if not already completed or 1st set abnormal*)
 - CBC
 - Chem 8 (BMP)
 - Blood culture (*fever or concern for sepsis*)
 - Accurate I&O
 - Strain Urine
 - Nursing to order urine strainer from Capsure: #100630 – use with each urination
 - If stone is retrieved, send for calculi (stone) analysis

- Inclusion**
- ≥ 1 year old
 - Symptomatic/chief complaint UTI, flank pain, nausea or vomiting AND
 - High suspicion of renal calculi
- Exclusion**
- < 1 year old
 - Low suspicion of renal calculi
 - Concern for septic shock
- Clinical Predictors for Renal Calculi**
- Personal history of renal calculi
 - > 5 RBC per HPF on microscopic urinalysis
 - History of nausea/vomiting
 - Flank pain on physical exam



RENAL CALCULI PATHWAY

INPATIENT



Dosing Guidelines

Ketorolac (Toradol) IV

- 0.5 mg/kg/dose Q6H for 3-5 days
- <50 kg max 15 mg/dose
- ≥ 50 kg max 30 mg/dose

Morphine IV

- 0.05-0.1 mg/kg/dose

Tamsulosin PO

- 0.4 mg daily (only pts ≥ 2 yrs + ureteral calculus)

Ondansetron PO

- 8-15 kg = 2 mg
- 15-30 = 4 mg
- >30 kg = 8 mg

Ondansetron IV

- 0.15 mg/kg/dose; max 4 mg