

Ref: FOI/GS/ID 5779

Please reply to: FOI Administrator Trust Management Maidstone Hospital Hermitage Lane Maidstone, Kent ME16 9QQ

Email: mtw-tr.foiadmin@nhs.net

09 June 2020

Freedom of Information Act 2000

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to Suspected Renal Colic OOH.

You asked:

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.

- 1. Please complete the following information about yourself:
- a. What is the name of the Hospital that you work in?
- b. What is your job title/current role?
- c. Do you assess suspected renal colic referrals OOH?
- 2. Diagnostic Imaging:
- a. What is your investigation for suspected renal colic?
- b. Is diagnostic imaging always offered within 24 hours of presentation?
- c. Is dipstick haematuria mandatory prior to requesting in-hours imaging?
- d. Is dipstick haematuria mandatory prior to requesting OOH imaging?
- e. Does your hospital provide an imaging service for OOH straightforward suspected renal colic if the patient does not meet criteria for admission?
- f. Which clinician is responsible for arranging OOH imaging for suspected renal colic?
- g. Who is the on-call point-of-contact for arranging OOH imaging?
- 3. OOH Imaging Reports
- a. Who reports on OOH imaging?
- b. When are images reported?
- c. On-Site Radiologist
- d. Off-Site/ Outsourced Radiologist
- e. Do patients get admitted to the ward before imaging is formally reported?
- f. If so, who is formally responsible for their care?
- g. If imaging is not done OOH and patients are sent home with analgesia, who follows-up these patients?
- 4. Pain Management & Alpha-Blockers
- a. Do you offer non-steroidal anti-inflammatory drugs (NSAID's) as first-line pain management?
- b. Do you offer intravenous paracetamol in suspected renal colic if NSAID's are contraindicated or not sufficient pain relief?
- c. Do you offer opiate analgesia if the above options are not sufficient?
- d. Do you offer alpha-blocker therapy for patients with distal ureteric stones less than 10mm?

5. Do you have any additional comments?

Trust response:

1. Please complete the following information abo	ut yourself:		
What is the name of the Hospital that you work in?	Maidstone and Tunbridge Wells NHS Trust		
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 Urology Gen Surg Other (please s		gistrar Consultan S S S S S S S S S S S S S S S S S S
Who is the on-call point-of-contact for arranging OOI imaging?	H Radiologist □ Other (please s	Urologist □ pecify):	Radiographer 2
3. OOH Imaging Reports			
Who reports on OOH imaging?	A&E Urology Radiology Not reported OOH	Registrar □ □ □	Consultant □ □ □
	Other (please specify):		
When are images reported?		Same Night	Next Working

Day

	On-Site Radiologist	\boxtimes	
	Off-Site/ Outsourced Radiologist	\boxtimes	
	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?			