

Centre intégré
universitaire de santé
et de services sociaux
de l'Ouest-de-
l'île-de-Montréal

Québec



- HLAS HGL CHSM HSA
 CHSLD DBV CHSLD DOR CHSLD LACH IUSMD
 CHSLD GD CHSLD NP CLSC LAS

PRE-PRINTED INDIVIDUAL ORDER TITLE :
Referral to the Clinical access service for
Renal Colic

No dossier / Chart No

DDN/DOB

Sexe/Sex

Nom / Name

Prénom / First Name

Nom de la mère / Name of mother

Adresse / Address

Tél. / Tel.

No assurance maladie / Medicare Card No

Expiration

Init. MD/ NP	Referral to the Clinical access service for Renal Colic
	Allergies : _____ Height : _____ Weight : _____ <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Liver impairment <input type="checkbox"/> Kidney impairment <input type="checkbox"/> Others: _____ Clinical information and relevant personal and family medical history : _____ _____ _____
	<div style="border: 1px solid black; padding: 5px;"> <p>Presented symptoms (check)</p> <p> <input type="checkbox"/> Intense abdominal pain <input type="checkbox"/> Persistent abdominal discomfort <input type="checkbox"/> Pain/discomfort episodes lasting from 20-60 minutes <input type="checkbox"/> Flank pain/tenderness <input type="checkbox"/> Dysuria <input type="checkbox"/> Nausea <input type="checkbox"/> Urinary urgency <input type="checkbox"/> Vomiting <input type="checkbox"/> Penile / testicular pain <input type="checkbox"/> Others : _____ </p> </div>
	I have given to the patient the prescription for Renal Colic I confirm that the person referred meets all general admission criteria for the Clinical access service as well as the specific inclusion criteria of the condition. I also confirm that the person does not have general exclusion criteria for the Clinical access service or specific exclusion criteria of the condition. I confirm that the person referred has received the instruction sheet and has been instructed to wait for the nurse from the Clinical access service to call them. I have read the description of the roles of the referring MD/NP and of the nurse of the Clinical access service in the Cadre de référence and I agree to the interventions mentioned in the algorithm.
	⇒ Fax this form and the prescription for Renal Colic to 514-630-2870
	Name of clinic : _____ Fax # : _____ Phone # for the next 24 hours : _____ If unavailable, MD/NP who will do the follow-up : _____ Phone # : _____

Physician or Nurse Practitioner				
Name (in block letters)	Signature	License N°	Date (YY – MM – DD)	Hour



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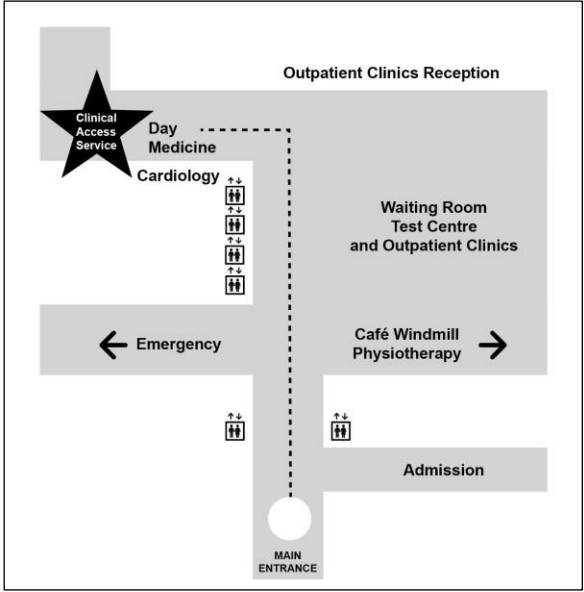
**Ordonnance pour colique néphrétique /
Prescription for Renal Colic**

Init. MD/IPS/NP	Ordonnance pour colique néphrétique / Prescription for Renal Colic			
	<p><u>ANALGÉSIE / ANALGESIA</u> Acétaminophène/Acetaminophen 1000 mg PO TID x 7 jours/days Faire 1 choix SEULEMENT d'opioïdes/ Choose ONLY 1 option of opioids ⇒ Oxycodone contre-indiquée pour les femmes qui allaitent et/ou patient avec asthme sévère et/ou en période d'alcoolisme aigu et/ou traités avec des IMAO et/ou avec une insuffisance hépatique sévère / Oxycodone contra-indicated for breastfeeding women and/or patients with severe asthma and/or during acute alcoholism period and/or in concomitant use with MAO inhibitors and/or with severe liver failure</p> <p>Oxycodone 2.5 mg PO q4h PRN X 7 jours/days. Qté/Qty = 15 NR OU/OR</p> <p>Oxycodone 5 mg PO q4h PRN X 7 jours/days. Qté/Qty = 15 NR Faire 1 choix SEULEMENT d'AINS/ Choose ONLY 1 option of NSAIDs ⇒ AINS contre-indiqués pour les femmes qui allaitent, les patients avec un saignement gastro-intestinal ou autre actif, facteur de risque de saignement accru, coagulopathie et/ou insuffisants rénaux ou hépatiques sévères/ NSAIDs contra-indicated for breastfeeding women, patients with active GI bleeding, acute risk of bleed, coagulation disorder and/or severe kidney or liver failure</p> <p>Ketorolac 10 mg PO q 4h PRN X 5 jours, max 40 mg par jour/per day. Qté/Qty = 20 NR <u>ET/AND</u> Pantoprazole 40 mg PO DIE X 5 jours/days Qté/Qty = 5 NR ⇒ contre-indiqué si DFG < 30 ou prise concomitante d'anticoagulant, ASA ou AINS / contra-indicated if GFR < 30 or concomitant use with anticoagulant, ASA or NSAIDs</p> <p>OU/OR</p> <p>Naproxen 500 mg PO BID X 5 jours/days PRN. Qté/Qty = 10 NR <u>ET/AND</u> Pantoprazole 40 mg PO DIE X 5 jours/days = 5 NR</p> <p><u>ANTIBIOTIQUE (CHOISIR 1 qui sera débuté si analyse/culture d'urine positive) / ANTIBIOTIC (CHOOSE 1 which will be started if urinalysis/culture is positive)</u></p> <p>Ciprofloxacine/Ciprofloxacin 500 mg PO BID X 10 jours/days ⇒ contre-indiqué chez les femmes qui allaitent et les patients atteints de myasthénie gravis, précautions pour les patients sous antiarythmiques, clozapine, théophylline, duloxétine et diabétiques/ contra-indicated for nursing women and patients suffering from myasthenia gravis, caution for diabetics and in concomitant use with antiarrhythmics, clozapine, theophylline and duloxetine</p> <p>OU/OR</p> <p>Ciprofloxacine/Ciprofloxacin 250 mg PO BID X 10 jours/days ⇒ dose recommandée si ClCr ≤ 30 mL/min / recommended dose if CrCl ≤ 30 mL/min</p> <p>OU/OR</p> <p>Septra DS (triméthoprim-sulfaméthoxazole) 160-800 mg 1co./tab BID X 10 jours/days ⇒ contre-indiqué pour patients avec troubles hématologiques sévères / contra-indicated in patients with severe hematologic disorder</p> <p>OU/OR</p> <p>Septra (triméthoprim-sulfaméthoxazole) 80-400 mg 1co./tab BID X 10 jours/days ⇒ dose recommandée pour patients insuffisants hépatiques et/ou si ClCr 15-30 mL/min et/ou asthmatiques sévères/ recommended dose for patients with liver failure and/or CrCl 15-30 mL/min and/or severe asthma</p> <p>OU/OR</p> <p>Nitrofurantoin 100 mg PO BID X 10 jours/days ⇒ contre-indiqué pour patients avec ClCr < 30 mL/min / contra-indicated in patients with ClCr < 30 mL/min</p> <p>OU/OR</p> <p>Amoxicilline-clavulanate / Amoxicillin-clavulanate 875/125 mg PO BID X 10 jours/days NR OU/OR</p> <p>Amoxicilline-clavulanate / Amoxicillin-clavulanate 500/125 mg PO BID X 10 jours/days NR ⇒ dose recommandée si ClCr ≤ 30 mL/min / recommended dose if ClCr ≤ 30 mL/min</p> <p><u>ANTAGONISTE ALPHA-1 (indication non officielle : faciliter le passage des lithiases / ALPHA-1 ANTAGONIST (off-label use : to ease passage of kidney stones)</u></p> <p>Tamsulosin CR 0.4 mg PO DIE X 30 jours/days ⇒ contre-indiqué chez les femmes qui allaitent et si usage concomitant d'inhibiteur du CYP3A4 (ex : kétoconazole) et/ou de la PDE5 (ex : Viagra) / contra-indicated for breastfeeding women and if concomitant use of strong CYP3A4 inhibitors (ex : ketoconazole) and/or PDE5 inhibitors (ex : Viagra)</p>			
Prescripteur / Prescriber				
Nom (en lettres moulées) / Name (in block letters)	Signature	N° de permis / License N°	Date (AA/YY – M/M – J/D)	Heure / Hour

Document to Give to Patients

What is the Clinical Access Service? Your doctor or specialized nurse practitioner (SNP) has referred you to the Clinical Access Service because your condition is considered semi-urgent. This service will give you tailored access to diagnostic tests and specialists as quickly as possible.

Here is the procedure: The Clinical Access Service nurse will be available throughout the diagnostic period to answer your questions. You can call them at **514-630-2225, ext. 1719** during opening hours (Monday to Friday from 8:00 a.m. to 4:00 p.m., except on holidays).

<p>1. The physician or SNP will give you documents when you leave their office:</p> <ul style="list-style-type: none"> • A referral to the Clinical Access service • A prescription for the pharmacy (in certain cases) 	<p>2. As soon as they receive the referral, the Clinical Access Service nurse <u>will call you</u> by phone to schedule an appointment with you.</p> <p><u>*Make sure you are easily reachable</u></p>
<p>3. You must bring to your appointment:</p> <ul style="list-style-type: none"> • Your hospital card (if you do not have one, go to the Admissions office BEFORE coming to Clinical Access Service) • Your health insurance card • A list of all your medications • The documents your physician/SNP gave you 	<p>4. Appointment at Clinical Access Service <u>Lakeshore General Hospital</u> 160 Stillview Avenue, Pointe-Claire, Ambulatory Centre, 1st Floor, Day Medicine</p>
<p>5. Parking:</p> <ul style="list-style-type: none"> • Parking on the streets surrounding the hospital is restricted to residents only at certain times of the day. • Hospital Parking Rates: <ul style="list-style-type: none"> - Under 2 hours.....free - 2 hours to under 4 hours..\$6 - More than 4 hours.....\$10 	



Making changes to certain lifestyle habits can also reduce the risk of a recurrence and related complications. Here are examples of changes you can make:

- Increase your fluid intake (drink up to 2 litres or more of water each day in hot weather, unless contraindicated by your doctor)
- When in pain, drink smaller amounts of water more often
- Avoid bottled water that is rich in mineral salts
- Reduce your salt intake
- Reduce the amount of sugar, salt and fat in your diet
- Limit your alcohol intake
- Quit smoking
- Opt for a high fibre diet
- If necessary, ask for a consultation with a nutritionist who can advise you on your diet

Information on your prescribed treatment

Your doctor may prescribe painkillers. The pharmacist or the nurse at the Clinical Access Service will give you a handout on the prescribed treatment.

Important: Before taking over-the-counter painkillers or natural products, please consult your pharmacist.

Questions?

- **The nurse at the Clinical Access Service** Monday through Friday, from 8 am to 4 pm, except statutory holidays, at 514-630-2225 ext. 1719;
- **Info-Santé nurse by dialing 811.** This service is available 24/7;
- **Your pharmacist can also advise you when it comes to your medication.**

Other available resources

- The Kidney Foundation of Canada. Visit the website: kidney.ca
- Both resources are available at your CLSC or online at www.osezlasanté.ca:
- **Health Education Centre** to review your lifestyle habits;
 - **Smoking Cessation Centre** to help you stop smoking.

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LAKESHORE
GENERAL HOSPITAL

CLINICAL ACCESS SERVICE

 PATIENT EDUCATION HANDOUT
AND APPOINTMENT TRAJECTORY



RENAL COLIC

YOUR APPOINTMENTS:



- **Blood tests, urinalysis and urine culture:**
Date and time: _____
Location: Ambulatory Centre – Day Medicine, Room 1900
- **CT scan of the abdomen and pelvis:**
Date and time: _____
Location: Medical Imaging Department, Ground Floor
- **X-ray of the abdomen:**
Date and time: _____
Location: Medical Imaging Department, Ground Floor
- **Urology consultation (if needed):**
Date and time: _____
Location: Urology Clinic FMG Stillview

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What is renal colic?

Renal colic is not a disease in itself, but pain that occurs when a kidney stone (calculi or lithiasis) disrupts the natural flow of urine in the urinary tract or when there is inflammation present in the urinary tract. Urine, produced in the kidneys, travels to the bladder through two thin tubes called ureters. The urine is then excreted from the body through the urethra, which is a tube that connects the bladder to the urinary meatus.

Stones, which are made up of crystals, can become lodged in the kidneys, bladder, ureters or urethra. It is not uncommon for there to be several stones of different sizes.



Why use the Clinical Access Service?

The nurse at the Clinical Access Service will perform an assessment with the help of a health questionnaire. Blood and urine tests will also be requested and, depending on the results, you may be asked to undergo a CT scan of the abdomen and pelvis and, if required, an abdominal x-ray to confirm the presence, number, location and size of the kidney stones.

The nurse at the Clinical Access Service will keep your doctor or nurse practitioner specializing in primary care informed. Your healthcare provider will receive a copy of all your laboratory and diagnostic test results.



What are the risk factors for the formation of kidney stones?

- Being male: kidney stones are more common in men
- Family history
- Being overweight
- Other medical conditions (poorly managed diabetes, gout)
- Certain medications (e.g., diuretics, calcium, sulfonamides, quinolones)
- Prolonged immobilization
- Not drinking enough
- Certain eating habits



What are the symptoms of renal colic?

While stones can affect both kidneys, an obstruction is unlikely to occur in both kidneys simultaneously, which will allow you to continue to urinate. Here is a list of symptoms associated with kidney stones:

- Pain/discomfort in the lower back or sides, more specifically at the bottom of the ribcage and extending to the genital area
- Difficulty urinating or urge to urinate frequently
- Limited relief with over-the-counter medication or when changing position
- Occasionally, blood in the urine as well as nausea or vomiting



What signs and symptoms should I watch out for?

- Chills or fever ($T^{\circ} \geq 38.5^{\circ}C$)
- Pain not relieved by analgesics (pain relievers)
- A significant amount of blood in your urine
- An inability to urinate for more than 24 hours



If you experience one or more of these symptoms, do not wait for your appointment at the Clinical Access Service. Go to the Emergency as soon as possible. When you report to the Emergency Department, tell the triage nurse that you are currently being assessed and are followed at the Clinical Access Service and that you may be experiencing a possible complication.



Are there risks or complications?

Left untreated, renal colic can result in an upper urinary tract infection and kidney failure (permanent kidney damage).



Can I continue to be physically active?

That usually depends on the severity of your symptoms. Continuing to be physically active and doing light-to-moderate activities is usually not a problem.

HAVING A HEALTHY ACTIVE LIFESTYLE CAN HELP REDUCE YOUR RISK.