

Acute Care Urology Clinic Referral Guidelines

URGENT REFERRAL TO BE SEEN IN EMERGENCY (CONTACT UROLOGIST ON-CALL): Acute Scrotal Pain / Testicular Torsion, Acute Renal Colic with fever or unstable vitals, GU Trauma, GU Tract Foreign Body			
REASON FOR REFERRAL	ESSENTIAL LABS	ESSENTIAL IMAGING	SUGGESTIONS FOR DISCHARGE
Acute Urinary Retention	-Lytes -Cr -Urinalysis -Urine culture	Note bladder scan volume pre-catheterization on referral	Start on Flomax 0.4mg PO OD
Adrenal Mass	-Lytes -Cr -Random glucose -Cortisol -24 hr urine -Metanephrines	CT or MRI Abdomen	
Bladder Mass/Cancer	-Lytes -Cr -Urinalysis -Urine cytology	Kidney & Bladder U/S	
Epididymitis/Orchitis	-Urinalysis -Urine culture	Scrotal U/S	4 weeks of Cipro or Septra
Hematuria – Gross	-CBC -Lytes -Cr -INR, PTT -Urinalysis -Urine culture	Kidney & Bladder U/S or CT Urogram	
Hydronephrosis	-Cr -Urinalysis	Kidney & Bladder U/S	* Can be referred to Urology on elective basis unless assoc. with possible infection
Kidney Stone – Acute/Ureteric	-CBC -Lytes -Cr -Urinalysis -Urine culture	Renal Colic CT or KUB and Abdominal U/S	D/C on Flomax 0.4mg PO OD & with strainer
Kidney Stone – Renal, non-obstructing	-CBC -Lytes -Cr -Urinalysis -Urine culture	Renal Colic CT or KUB and Abdominal U/S	* Can be referred to Urology on elective basis unless assoc. with possible infection
Penile Mass			
Phimosis			
Renal Mass – Solid, >4cm	-CBC -Lytes -Cr -Urinalysis -PT/INR -Alk Phos, ALT, Total Bili, Ca, PO4, LDH	CXR CT Abdomen with contrast	* <4cm can be referred to Urology on elective basis
Testicular Mass – Solid	-CBC -Lytes -Cr -Urinalysis -LDH, AFP, Beta-HCG	Scrotal U/S	* Consider contacting Urologist on-call
UTI – Recurrent in Women	-Lytes -Cr -Urinalysis -Urine culture	Kidney & Bladder U/S	* Can be referred to Urology on elective basis unless complicated UTI
UTI – Male	-Lytes -Cr -PSA if <70 yrs with 10 year life expectancy -Urinalysis -Urine culture	Kidney & Bladder U/S	

If you are concerned about the delay of the outpatient appointment, if there is any deterioration in the patient's condition or if the patient has made return visits to the ER, please contact Dr. Nicole Golda.