

ED OBSERVATION UNIT: UROLOGY PROTOCOL

NYC H+H KINGS COUNTY HOSPITAL CENTER

General Observation Guidelines apply for all ED observation patients

INCLUSION CRITERIA	EXCLUSION CRITERIA
<ul style="list-style-type: none"> • Obstructing ureteral stone • Scrotal abscess • Priapism • Minor Post-operative complication • Mild to moderate hematuria • Any other diagnosis deemed appropriate by the Urology team 	<ul style="list-style-type: none"> • History of CKD/ESRD • Infectious Process, Fever, UTI • Obstruction secondary to: <ol style="list-style-type: none"> a. Novel Retroperitoneal Process (Hematoma, Neoplasm) b. OBGYN related pathology (Pelvic Malignancy, Endometriosis) c. Phimosis/Paraphimosis

INTERVENTIONS
<ul style="list-style-type: none"> • Standard care in line with Urology team recommendations

DISPOSITION	
Home: <ul style="list-style-type: none">● Stable vital signs● Mental Status at baseline● Ambulatory (or at baseline with ADLs)● Adequate oral intake● Urology follow up within 48 hrs.	Admission: <ul style="list-style-type: none">● Persistent/ Worsening symptoms

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Table 5

Causes of Postrenal Acute Kidney Injury

<i>Upper tract obstruction</i>
Nephrolithiasis
Blood clots
Papillary tissue
Pelvic neoplasms
Endometriosis
Retroperitoneal processes
Neoplasms
Adenopathy
Fibrosis
Hematoma
Gastrointestinal neoplasms
Radiation treatment
<i>Lower tract obstruction</i>
Urethral strictures
Nephrolithiasis
Blood clots
Phimosis/Paraphimosis
Prostatic processes
Benign hypertrophy
Carcinoma
Calculi
Bladder processes
Carcinoma
Calculi
Neurogenic bladder