Ref. No: Date: Subject: 0894 26/04/24 Guidelines

REQUEST

Follow-up request to FOI0592. To clarify in regards to specific areas I am interested in for guidelines; I would like any local guidelines / guidance / flowcharts / advice / posters you have not already sent in these areas:

1. Urology:

- Renal colic / flank pain / management of renal stones
- Testicle pain / torsion / epididymitis
- Pyelonephritis / upper urinary tract infection / prostatitis
- Priapism
- Urinary incontinence, retention
- Hydronephrosis / hydroureteronephrosis
- · Catheterisation / catheter care
- Haematuria (acute, visible, or non-visible)
- Lower urinary tract symptoms
- Investigation and management of any of the following: (prostate, bladder, ureter, kidney, testicle, penile cancer)
- Phimosis / paraphimosis
- Interstitial cystitis / bladder pain
- Flexible cystoscopy
- Prostate biopsies
- Recurrent UTIs
- ESWL
- Nephrostomy insertion / management

2. Electrolytes - the management of high or low levels of:

- Potassium
- Sodium
- Phosphate
- Magnesium
- Calcium

RESPONSE

St Helens and Knowsley Teaching Hospitals NHS Trust and Southport and Ormskirk Hospital NHS Trust became a single legal entity known as Mersey and West Lancashire Teaching Hospitals NHS Trust on 1st July 2023, as such parts of the response may be provided in two sections relating to the hospital sites of each of the legacy organisations.

1. Urology:

• Renal colic / flank pain / management of renal stones

Emergency Department Renal Colic Pathway, and Emergency Department Management of Suspected Renal Colic Flowchart.

• Testicle pain / torsion / epididymitis

BAUS guidelines, NICE guidelines, Clinical Pathway for Testicular Pain and Swelling, and Trust micro guidelines for antibiotic therapy.

Pyelonephritis / upper urinary tract infection / prostatitis

Trust micro guidelines for antibiotic therapy.

Priapism

N/A

Urinary incontinence, retention

NICE guidelines, and Emergency Department Acute Urinary Retention Pathway.

Hydronephrosis / hydroureteronephrosis

N/A

Catheterisation / catheter care

Administration of iAluRil bladder instillation (combination GAG therapy), Urinary Catheter Policy, and Trial without Catheter Standard Operating Procedure.

• Haematuria (acute, visible, or non-visible)

NICE guidelines

Lower urinary tract symptoms

NICE guidelines

- Investigation and management of any of the following: (prostate, bladder, ureter, kidney, testicle, penile cancer)
 - Standard Operating Procedure for Nurse Led Telephone Triage for Men with Suspected Prostate Cancer
 - Standard Operating Procedure for Nurse Administration of Intravesical Botulinum A (Botox)
 - Standard Operating Procedure for Intravesical Treatment of Bacillus Calmette-Guerin (BCG) Vaccine
 - Guidelines for the Administration of Intravesical Mitomycin-C
 - Atraumatic Microscopic Haematuria Pathway
 - 28 Day Renal Faster Diagnosis Pathway
 - 28 Day Testicular Faster Diagnosis Pathway
 - Protocol for Follow-Up of Low-Risk Prostate Cancer
 - Protocol for Follow-Up of Stable Prostate Cancer
- Phimosis / paraphimosis

N/A

Interstitial cystitis / bladder pain

N/A

Flexible cystoscopy

BAUN guidelines

Prostate biopsies

Standard Operating Procedure for Local Anaesthetic Trans-Perineal Biopsy (LATP).

Recurrent UTIs

NICE guidelines

Extracorporeal Shockwave Lithotripsy (ESWL)

Hot Ureteric ESWL Protocol.

Nephrostomy insertion / management

N/A

2. Electrolytes - the management of high or low levels of: potassium, sodium, phosphate, magnesium, and calcium.

The management of electrolytes disorders and IV fluid therapy is dealt with by individual services like ICU, Paediatrics, Medicine, Surgery, and Obstetrics and Gynaecology.

We provide support for investigating and monitoring electrolytes disorders when asked directly about individual patients. There is an auto comment about hyperkalaemia that goes out with each high potassium result.

Clinicians usually refer to NICE guidelines: https://bnf.nice.org.uk/treatment-summaries/fluids-and-electrolytes/

The Clinical Biochemistry Department has not produced Trust wide guidelines for management of electrolytes disorders.