

AUA
2026
Washington, DC

MAY 15-18

First Call: APPs and the Urology Consult Service

Bethany Parsell MSN, APRN, CNP, CUNP, MSCP

AUA-2026
Washington, DC

MAY 15-18

Disclosures

I have no disclosures

I am lead APP and serve as first call for a rural critical access hospital

First call, why does it matter?

Increasing reliance on APPs as first call clinicians

Overnight and weekend decisions impact:

- Patient safety
- Surgeon workload
- Surgical outcomes

What is first call?

Initial evaluation and triage

Stabilization and early management

Communication bridge between:

- ER
- Floor nurses
- Other consulting services
- Attending urologist

Goals of APP first call

- Safe triage
- Appropriate escalation
- Confident decision making
- Anticipating downstream needs
- Reduce cognitive load for attending

Common sources of calls

- Emergency department
- Inpatient nursing staff
- Other hospital services
- Post-op patients
- Outside hospitals/transfers
- Clinic patients

Key points

- First call is NOT managing everything
- First call is owning triage and communication

Common call scenarios

- Hematuria
- Urinary retention
- Obstructing stone
- Scrotal pain
- Post-op complications
- Infections

Hematuria – triage pearls

Key questions:

- Gross vs microscopic
- Clots present
- Hemodynamic stability
- Anticoagulation

First call responsibilities:

- Foley placement
- Manual irrigation and CBI
- Labs
- Anticoagulation review

Red flags:

- Clot retention
- Hypotension
- Hemoglobin drop
- Inability to clear bladder

Urinary retention

Common causes:

- BPH
- Post-op
- Medications
- Neurogenic bladder

First call responsibilities:

- Foley placement
- Document output
- Medication management

Red flags:

- Traumatic catheterization
- Inability to place catheter
- Suspected urethral or bladder injury

Obstructing stones and infections

Red flags:

- Fever
- Leukocytosis or leukopenia
- Hypotension
- Elevated lactate
- AKI

First call responsibilities:

- Early recognition
- Antibiotics
- Urgent attending communication
- Expedite decompression

Scrotal pain

Time sensitive

Torsion is a clinical diagnosis

- Do NOT delay escalation for imaging if suspicion is high

Post-operative calls

Common post-op issues:

- Decreased urine output
- Foley problems
- Pain control
- Urinary symptoms
- Hematuria
- Fever

Red flags:

- Oliguria and Anuria
- Clot retention
- Rapid drop in Hgb
- Signs of sepsis

Communication and escalation

SBAR:

- Situation
- Background
- Assessment
- Recommendation

What attendings want to hear:

- Clear reason for call
- What you have already done
- What do you need

When to escalate

When you are unsure

Patient is unstable

High-risk diagnosis

Gut feeling

Calling early is never wrong

Pitfalls for first-call APPs

Underestimating obstruction and infection

Delayed escalation

Incomplete documentation

Not reassessing after intervention

Scope of practice vs hospital privileges

Key takeaways

First call is about triage, not isolation

Recognize time-sensitive urologic emergencies

Early escalation improves outcomes

Clear communication is imperative for safety and builds trust

References

American Urological Association. (2025, November). *Acute scrotum*. <https://www.auanet.org/meetings-and-education/for-medical-students/medical-students-curriculum/acute-scrotum>

American Urological Association. (2024, January). *Adult UTI*. <https://www.auanet.org/meetings-and-education/for-medical-students/medical-students-curriculum/adult-uti>

American Urological Association. (n.d.). *Basic communication skills*. <https://www.auanet.org/meetings-and-education/for-medical-students/medical-students-curriculum/basic-communication-skills>

American Urological Association. (2024, September). *Bladder drainage*. <https://www.auanet.org/meetings-and-education/for-medical-students/medical-students-curriculum/bladder-drainage>

American Urological Association. (2025, November). *Hematuria*. <https://www.auanet.org/meetings-and-education/for-medical-students/medical-students-curriculum/hematuria>

Pearle, M. S., Matlaga, B. R., Antonelli, J. A., et al. (2026). Surgical management of kidney and ureteral stones: AUA guideline (2026) part I: Evaluation and treatment of patients with kidney and/or ureteral stones. *The Journal of Urology*, 0(0). <https://doi.org/10.1097/JU.0000000000004842>

Pearle, M. S., Matlaga, B. R., Antonelli, J. A., et al. (2026). Surgical management of kidney and ureteral stones: AUA guideline (2026) part II: Evaluation and treatment of patients with kidney and/or ureteral stones. *The Journal of Urology*, 0(0). <https://doi.org/10.1097/JU.0000000000004843>

Pearle, M. S., Matlaga, B. R., Antonelli, J. A., et al. (2026). Surgical management of kidney and ureteral stones: AUA guideline (2026) part III: Evaluation and treatment of patients with kidney and/or ureteral stones. *The Journal of Urology*, 0(0). <https://doi.org/10.1097/JU.0000000000004844>

Society of Urologic Nurses and Associates. (2017). *Telephone nursing practice in urology: A manual for urology nurses* (2nd ed.). Society of Urologic Nurses and Associates