

## WOMEN'S HEALTH AND PAEDIATRICS PAEDIATRIC DEPT

### **Evaluation of Haematuria**

Amendments							
Date	Page(s)	Comments	Approved by				
Sep 2010	New Guideline		Paediatric Guideline Group				
July 13		Whole document review	Paediatric Guideline Group				
Dec 14		Whole Document review	Paediatric Guideline Group				
March 2018		Whole document review – no changes	Paediatric Guideline Group				

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in Paediatrics

In Consultation with:

Ratified: Paediatric Guidelines Group

**Date Ratified:** September 2010

Date Reviewed: March 2018

Next Review Date: March 2021

Target Audience: Doctors, nurses and support staff working in

**Paediatrics** 

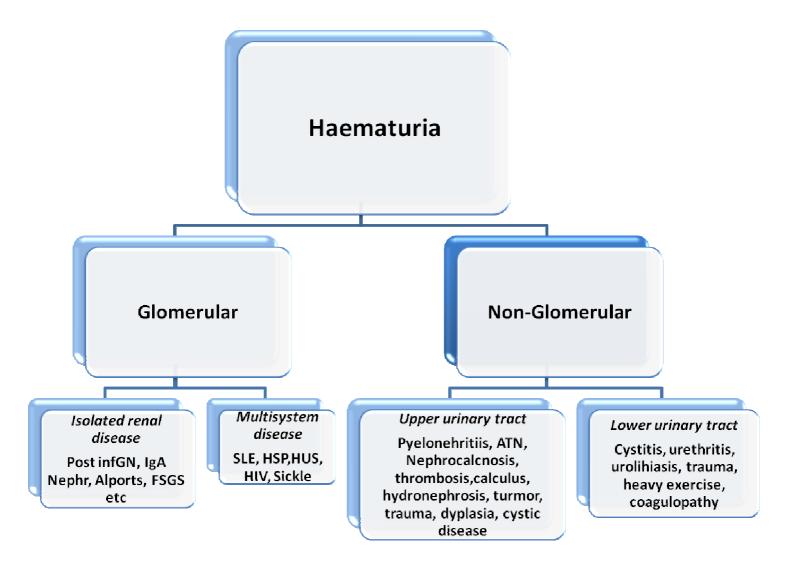
**Impact Assessment Carried** 

Out By:

Comments on this document to:

Dr Bhatti Consultant Paediatrician

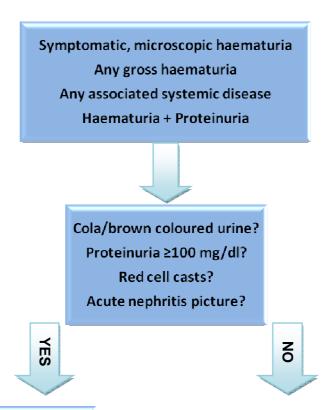
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# Ashford and St. Peter's Hospitals MHS

Positive urine dipstick for Haematuria Urine microscopy No abnormal increase in Abnormal incrase in red red cells cells Haematuria Haemoglobinuria - History & examination Myoglobinuria - Look for proteinuria Symptomatic, microscopic haematuria Isolated asymptomatic Any gross haematuria Microscopic Haematuria + Proteinuria Haematuria Any associated systemic disease See next flow chart Repeat 2 samples 2 weeks apart Persistent > 2 weeks - urine culture, Calc/creat Resolves If results -ve, 3 monthly urine & BP, No further tests yearly creatinine Persists > 6 months - refer to Joint **Renal Clinic** гіізі қашей Lates of 5 Sept 2010 March zoro



#### Glomerular cause

- 1. FBC & film
- 2. U&Es, Creat
- 3. S Albumin, Protein
- 4. S Cholestrol
- 5. C3, C4
- 6. ASO/anti DNAse B
- 7. ANA
- 8. Anti-neutrophil Ab
- 9. Throat & skin swab (if indicated)
- 10. 24 hr urine total prot/creat clearence
- 11. ? Biopsy

#### Extra-glomerular cause

Step 1: Urine culture

Step 2: Urine Ca creat

Hb electrophoresis (Ethnicity)

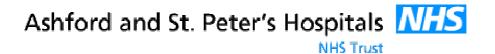
Renal/bladdder US scan

Step 3: sibling/parents urine

microscopy

U&Es, Ca & creatinine

Persistent haematuria or atypical presentation – seek advice from nephrologist



#### **Evaluation of Haematuria**

#### Other tests depending on clinical suspicion

- ➤ History of trauma/palpable mass CT abdomen
- Positive personal/family history clotting screen
- Audiometry and ophthalmology review as indicated
- 24 hr urine Calcium/Creatinine, uric acid, oxalate if crystalluria/urolithiasis/nephrolithiasis
- Appropriate radiological investigation renal colic
- Referral to Joint Renal Clinic if persistent or atypical presentation

#### Haematuria

#### Referral to Nephrology

- \* Hypertension
- \* Renal insufficiency
- \* Family history of renal disease
- \* Urolithiasis /nephrocalcinosis

#### Biopsy- indications

- \* Persistent microscopic haematuria
- \* Recurrent gross haematuria a/w hypertension, decreased renal function, proteinuria

#### References

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- The investigation of haematuria. R H White . Arch Dis Child, 1989, 64, 159-165
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