

WOMEN'S HEALTH AND PAEDIATRICS
 PAEDIATRIC DEPT

Evaluation of Proteinuria

Amendments			
Date	Page(s)	Comments	Approved by
Sept 2010	New Guideline		Paediatric Guideline Group
March 2018		Whole document review - no changes	Paediatric Guideline Group

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 Specialist Registrar in Paediatrics

In Consultation with:

Ratified by: Paediatric Guidelines Group

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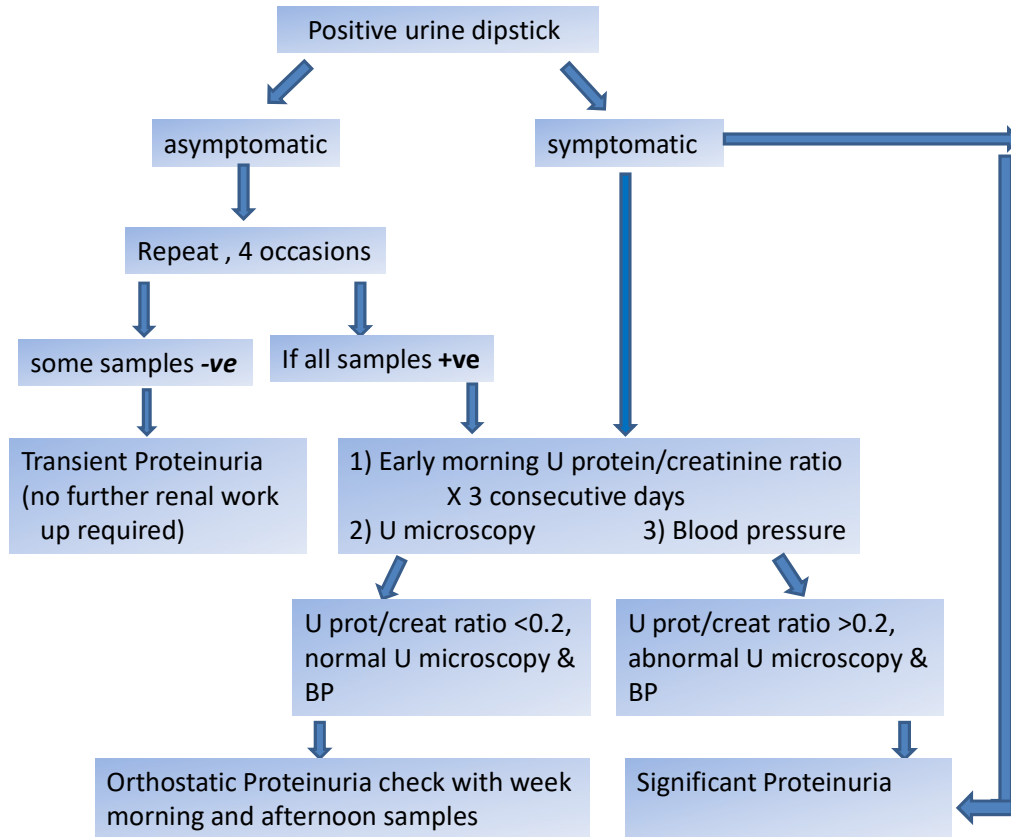
Next Review Date: December 2023

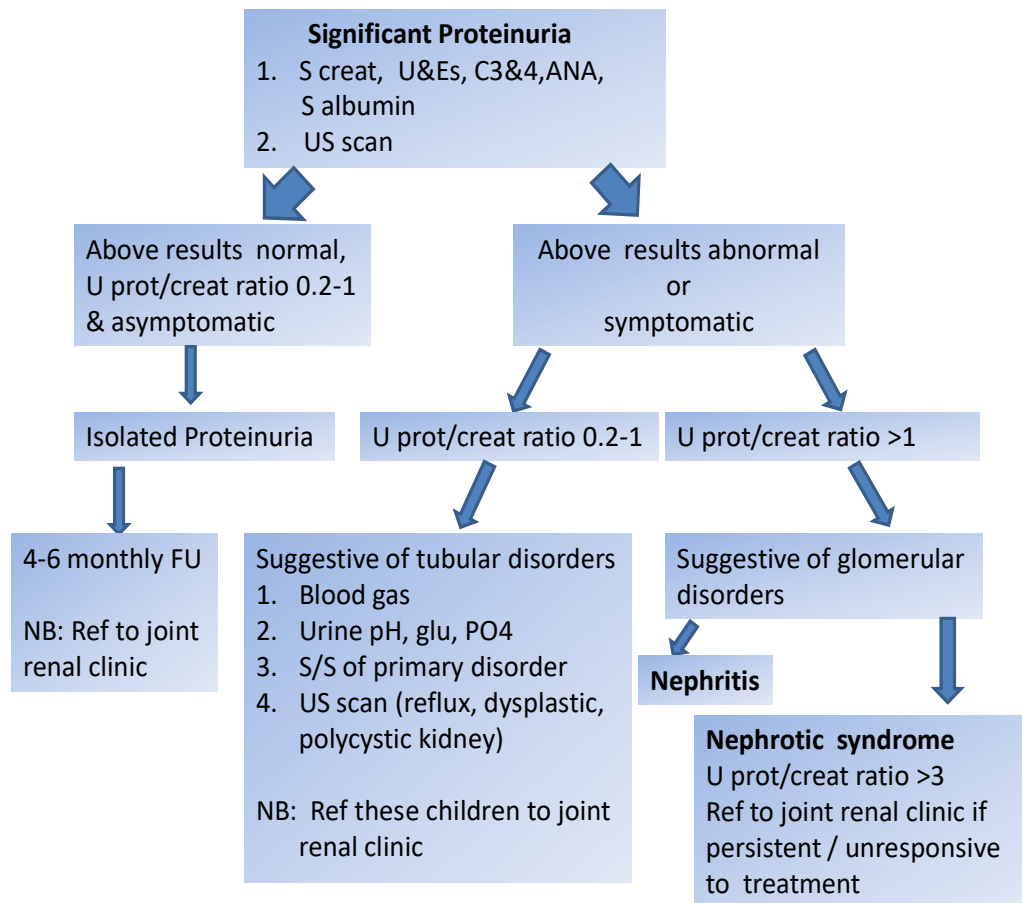
Target Audience: Doctors, nurses and support staff working in Paediatrics

Impact Assessment Carried Out By:

Comment on this document to: Dr Bhatti and Dr Baksh Consultant Paediatrician

Evaluation of Proteinuria





Proteinuria

- 10% of 8-15 yr old children on routine dipstick
- 1% have persistent proteinuria
- Urine dipstick- measures albumin
- Semiquantitative
- Trace- 0.1-0.2/L
- 1+ - 0.30g/L
- 2+ - 1g/L
- 3+ - 3g/L
- 4+ - >20g/L
- False positive: Gross haematuria, antiseptics, alkaline ph, antibiotics, concentrated urine
- False negative: Dilute urine, proteins other than albumin
- If $SG \leq 1.015$, consider 1+ as significant
- If $SG > 1.015$, consider 2+ as significant
- More accurate methods
 - a) 24hr urine protein
 - b) Urine protein/creatinine ratio
<0.5, <2yrs and <0.2, >2yrs

References

- National Kidney Foundation's Kidney Disease Outcomes Quality Initiative: Evaluation, Classification, and Stratification Clinical Practice Guidelines for Chronic Kidney Disease in Children and Adolescents. R JHogg, S Furth, Kevin V et al. Paediatrics 2003;111;1416-1421
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- The investigation of haematuria. R H White . Arch Dis Child, 1989, 64, 159-165
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- Nelson Textbook of Paediatrics. 18th Edition. Volume 2:2168-2710
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