

Hematuria

The presence of >5 red blood cells per high-powered field (RBCs/hpf) on urine microscopy

What can you do?

We suggest the following for isolated microscopic hematuria:

- Because hematuria can be transient, perform at least two urinalyses one to two weeks apart to confirm the finding, and send to lab for microscopic exam
- Assess blood pressure, growth parameters and physical exam
- Consider:
 - Random urinalysis for urine calcium/creatinine ratio to identify hypercalciuria (see below)
 - Check parents for hematuria (by in-office dipstick or through parents' primary care provider [PCP])

CALCIUM/CREATININE RATIOS

Age	Ca ²⁺ /Cr Ratio (mg/mg Ratio) (95th Percentile for Age)
<7 mo	0.86
7–18 mo	0.60
19 mo–6 yr	0.42
Adults	0.22

From Sargent JD, et al: J Pediatr 1993;123:393.

Initiate routine referral to nephrology if:

- Two or more consecutive urinalyses with microscopic exam are positive for >5 RBCs/hpf
- Microscopic hematuria is present in multiple family members
- Recurrent episodes of painless gross hematuria have occurred

What can you send? (please fax to 206-985-3121)

- Relevant chart notes, including growth charts
- Blood pressure readings
- All labs you have obtained

The above clinical data are not required prior to the visit, but if they have been obtained, they will help make the visit more efficient.

Tips for an effective visit:

- Talk with your patient and family about the reason for the referral and the questions to be answered. PLEASE NOTE: The work-up for low-grade hematuria is frequently unrevealing of significant underlying pathology; mentioning this to the family will help set expectations for the visit.
- Our providers appreciate having the information ahead of time.

Our Provider-to-Provider Line is available 24/7 at 206-987-7777.

Hematuria AND Proteinuria

Hematuria (>5 RBCs/hpf) AND proteinuria (+1 or greater)

What can you do?

Obtain repeat urine with microscopy, blood urea nitrogen (BUN), creatinine, albumin and electrolytes.

Referral recommended for hematuria associated with:

- Proteinuria 1+ or greater

Urgent referral recommended for:

- Constitutional symptoms like weight loss, fever, arthralgias or rash
- Evidence of poor growth or high blood pressure
- Elevated serum creatinine
- Presence of RBC casts on urine microscopy
- Decreased urine output
- Presence of edema

What can you send? (please fax to 206-985-3121)

- Relevant chart notes, including growth charts
- Blood pressure readings
- All labs you have obtained

Our evaluation may include:

- Studies listed above for isolated hematuria and isolated proteinuria

Tips for an effective visit:

- Talk with your patient and family about the reason for the referral and the questions to be answered.
- Advise them that only a limited evaluation is indicated for asymptomatic, isolated microscopic hematuria.
- Our providers appreciate having the information ahead of time.

The above clinical data are not required prior to the visit, but if they have been obtained, please fax the results prior to the appointment to 206-985-3121.

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