

Proteinuria

Presence of 1+ protein or more on urine dipstick

What can you do?

- Perform at least two consecutive urine dipsticks or urinalyses one to two days apart to confirm the finding.
- Measure blood pressure, growth parameters and assess for edema.
- Because many children and adolescents with trace or 1+ urinary protein have orthostatic proteinuria, obtain a first morning and an afternoon dipstick analysis. If the morning sample is negative for protein, we recommend repeating the tests yearly, and no referral is necessary.
- If the first morning urine is positive for protein, consider obtaining a 24-hour urine collection for protein and creatinine (the latter helps evaluate the adequacy of collection).

Initiate a routine referral to Nephrology if:

- Both early morning and afternoon samples are positive for protein
- Absence of edema and constitutional symptoms
- Twenty-four-hour urine shows $<4 \text{ mg/m}^2/\text{hr}$ but $<40 \text{ mg/m}^2/\text{hr}$

Urgent referral recommended for proteinuria associated with:

- High-grade proteinuria ($>3+/4+$ on dipstick or $>40 \text{ mg/m}^2/\text{hr}$ on 24-hour collection)
- Edema
- Elevated blood pressure
- Associated microscopic or gross hematuria or red blood cell (RBC) casts
- Elevated creatinine (if obtained)
- Low serum albumin (if obtained)

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.
- Our providers appreciate having the information ahead of time.

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

Algorithm: Proteinuria

