Algorithm: Henoch-Schonlein Purpura (HSP)

**Nephrology red flags**
- Elevated creatinine
- Hypertension
- Proteinuria
- Hematuria

**First presentation**
1. Check Blood Pressure
2. Check Labs: CBC + diff, ESR, CRP, Albumin, Creatinine, ALT, Urinalysis

**Continue primary care management**
1. Monitoring
2. Pain control

**Send to ED for eval or call Rheumatology to discuss**
1. Call Rheumatology or Dermatology if symptoms last >3 weeks continuously or worsening or atypical recurrences
2. Otherwise, continue to monitor

**Blood pressure and UA monitoring schedule**
- Month 1: Check once per week
- Month 2 to 4: Check once per month
- Month 6 to 12: Check once every 3 months

**Nephrology red flags at any point**
**General red flags at any point**
- Inability to tolerate PO
- Dehydration (<2 urine voids/day)
- Bloody stool or concern for intussusception
- Severe joint pain affecting activities of daily living
- Persistent fever ≥5 days
- Changes in mental status
- Age >10 years
- Severe anemia
- Severe thrombocytopenia
- ALT >2x normal
- Atypical rash
- Hemoptysis

**Pain control recommendations**
- Recommend scheduled NSAIDs*/acetaminophen for approx. 48 hours if difficulty walking or eating
- If joint pain persists, may require longer duration of NSAID** therapy
- Prednisone not recommended as first-line therapy; strongly consider discussion with Rheumatology prior to steroid treatment

**Dosing recommendations**
- Naproxen: 10 mg/kg/dose, twice a day*** with food
- Ibuprofen: 10 mg/kg/dose, every 8 hours*** with food
- Acetaminophen: 12.5 mg/kg/dose, every 6 hours

* HSP recurs in 1/3 of children with HSP, most often within the first 4 months
** Do not use NSAIDs if there is nephritis
*** Avoid use of ibuprofen and naproxen together

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