

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

Nephrology red flags at any point

Call Nephrology provider on call

No red flags

Continue primary care management

1. Monitoring
2. Pain control

General red flags at any point

Send to ED for eval or call Rheumatology to discuss

No recurrence of symptoms at 12 months

No further monitoring required

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

Recurrence of joint pain or recurrence of rash

1. Call Rheumatology or Dermatology if symptoms last >3 weeks continuously or worsening or atypical recurrences*
2. Otherwise, continue to monitor

General red flags

- 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