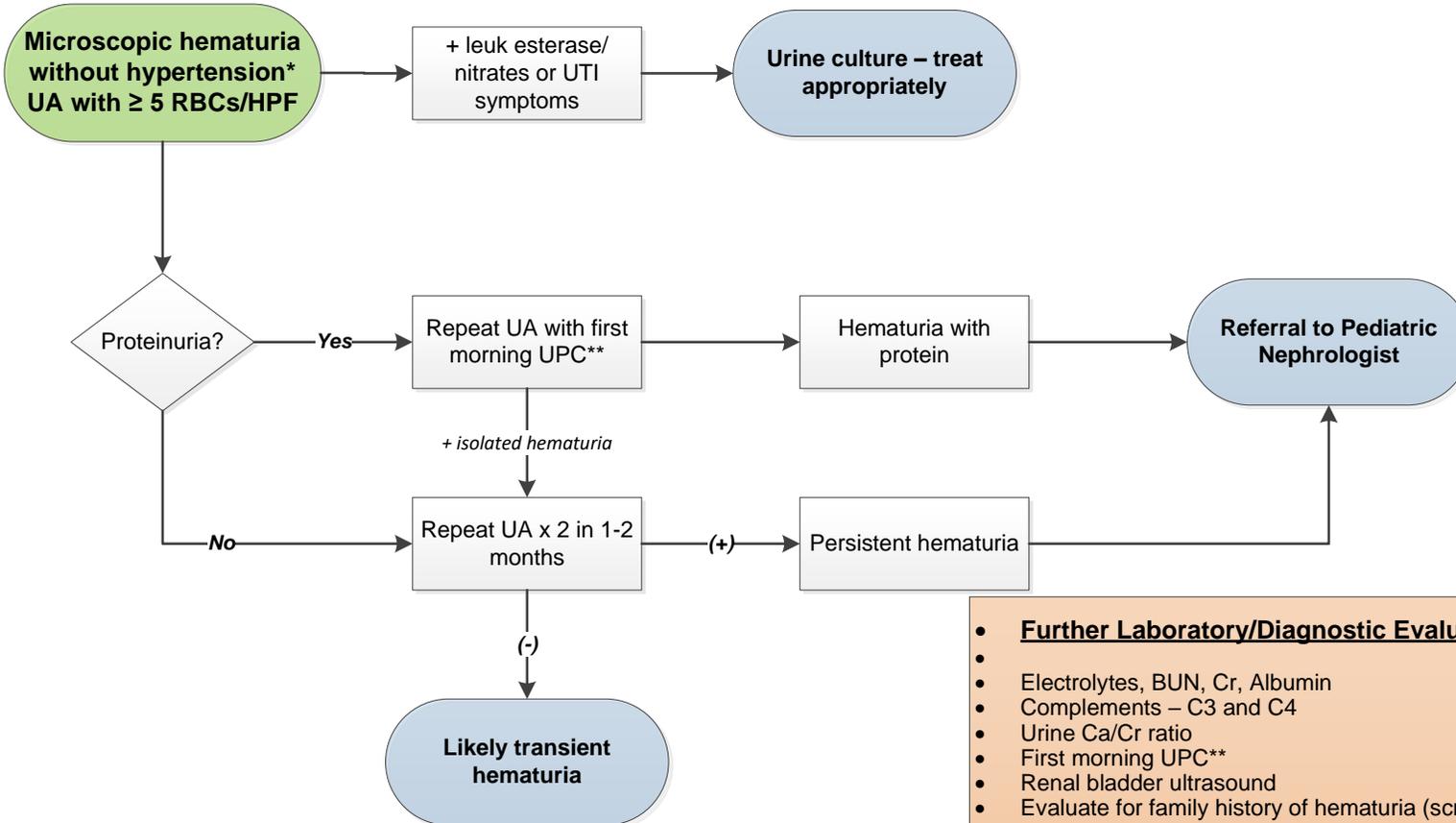


# Hematuria



\*Note: Symptomatic (i.e. hypertension, edema) microscopic hematuria or gross (tea/coca cola colored urine) hematuria should be referred to Pediatric Nephrologist with further laboratory/diagnostic evaluation.

\*\*First morning UPC (urine protein/creatinine ratio) – Patient should void prior to bed and collect first morning urine sample upon awakening. Elevated > 0.2mg/mg Cr or > 0.5mg/mg Cr in children less than 2 years of age.

## Further Laboratory/Diagnostic Evaluation

- Electrolytes, BUN, Cr, Albumin
- Complements – C3 and C4
- Urine Ca/Cr ratio
- First morning UPC\*\*
- Renal bladder ultrasound
- Evaluate for family history of hematuria (screen parents for hematuria if able)

If clinically indicated

- ANA, anti-dsDNA, ANCA (history of rheumatologic symptoms)
- ASO, anti-Dnase B (history of pharyngitis or impetigo)
- Hemoglobin electrophoresis (history of sickle cell, thalassemia)
- Coagulation studies (history of coagulopathy)