

HAEMATURIA PROFORMA

Admission Date: ____ / ____ / ____

Admission Time:

Admitting Clinician:

Grade:

Consultant:


Patient Name:

Hospital No: Place addressograph here

DOB:

Complete for ALL patients on admission

Height (cm):	Centile:		
Current weight (kg):	Centile:	Last weight (kg):	Centile:

BP: Centile:	Scan QR code for BP centile charts	
*If >95 th centile, repeat manual BP: Centile:	(Ensure to select correct gender & age)	

Obtain urine sample at the earliest opportunity

Urine obtained by: Clean-catch Catheter

Stick urinalysis results here

Urine obtained by: Clean-catch Catheter

Stick urinalysis results here

HISTORY OF PRESENTING COMPLAINT

*Enquire about:

- **Colour** (tea/coffee-coloured or red) and **timing** (initial/throughout/terminal)
- Any recent trauma, illnesses (skin/throat infection), skin rashes/joint pain/swelling/weight loss, LUTS (incontinence, dysuria, frequency, urgency, fever)/ abdominal pain (colicky? radiation?)/masses/ bleeding elsewhere/ myalgia
- Any problems with vision/hearing

Patient Name:

Hospital No: Place addressograph here

DOB:

HISTORY OF PRESENTING COMPLAINT CONT...

Patient Name:

Hospital No: Place addressograph here

DOB:

BIRTH HISTORY

Any central lines (UVC/UAC) at birth?

Patient Name:

Hospital No: *Place addressograph here*

DOB:

PAST MEDICAL HISTORY

Any previous episodes of haematuria? Previous hx of nephrotic syndrome?

DEVELOPMENT HISTORY

DRUG HISTORY

Clinician's name: _____

Grade: _____

ALLERGIES

Patient Name:

Hospital No: Place addressograph here

DOB:

IMMUNISATIONS

FAMILY HISTORY

Enquire about haemoglobinopathies/coagulopathies/kidney stones

Draw family tree here

Any 1st degree relative with kidney disease/ unexplained kidney failure (requiring dialysis or transplant) or persistent haematuria?

Yes

No

*If yes, please elaborate:

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Clinician's name: _____

Grade: _____

EXAMINATION

Vital signs:

RR _____ O2 _____ HR _____ T° _____

Manual BP _____ Centile _____

Patient Name: _____

Hospital No: *Place addressograph here*

DOB: _____

WORKING DIAGNOSIS

Patient Name:

Hospital No: Place addressograph here

DOB:

PLAN

Refer to pathway before requesting investigations

SENIOR REVIEW

Name: _____

Date: _____

Time: _____

Clinician's name: _____

Grade: _____

SENIOR REVIEW CONTINUED

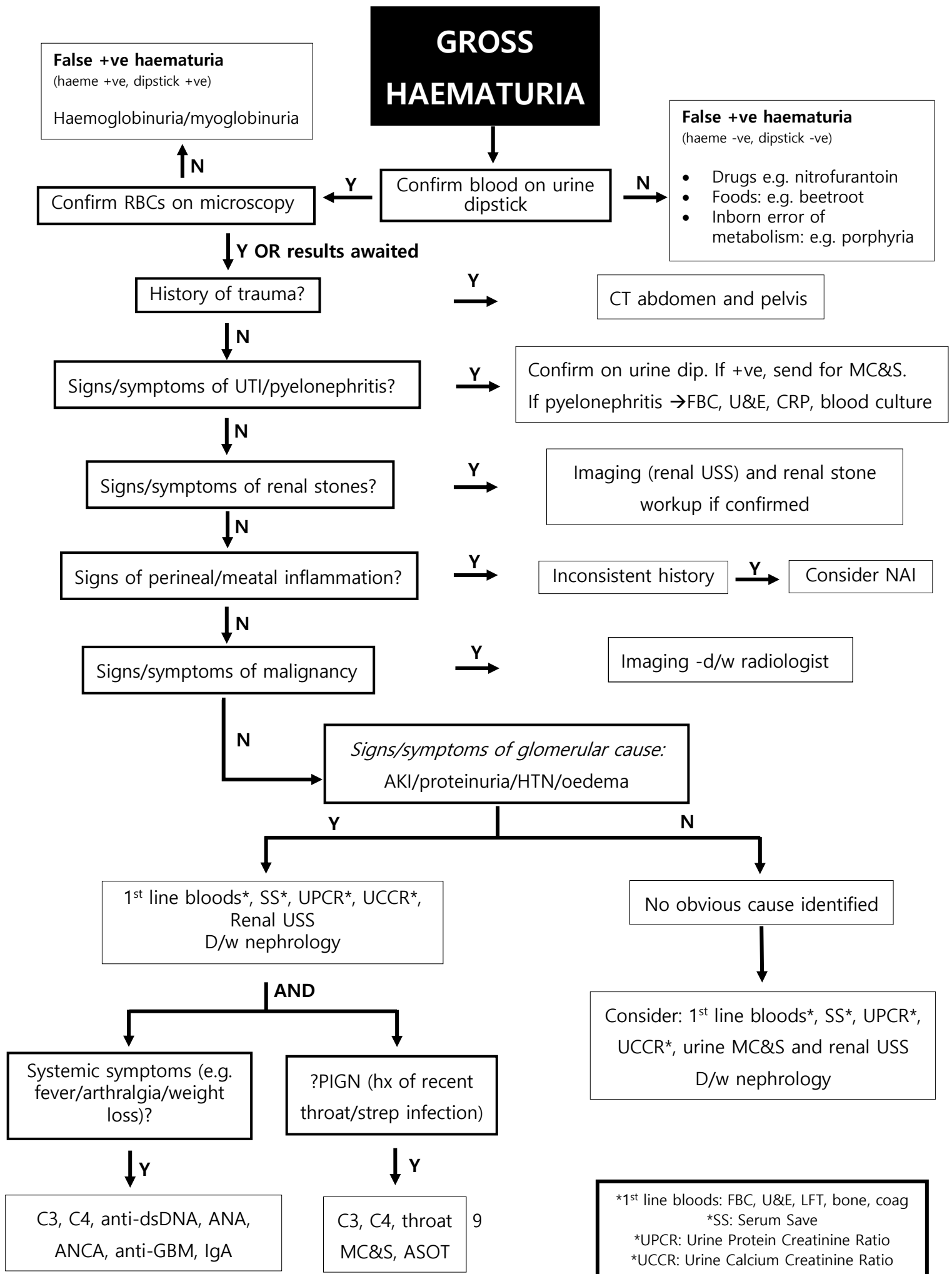
Patient Name:

Hospital No: Place addressograph here

DOB:

Clinician's name: _____

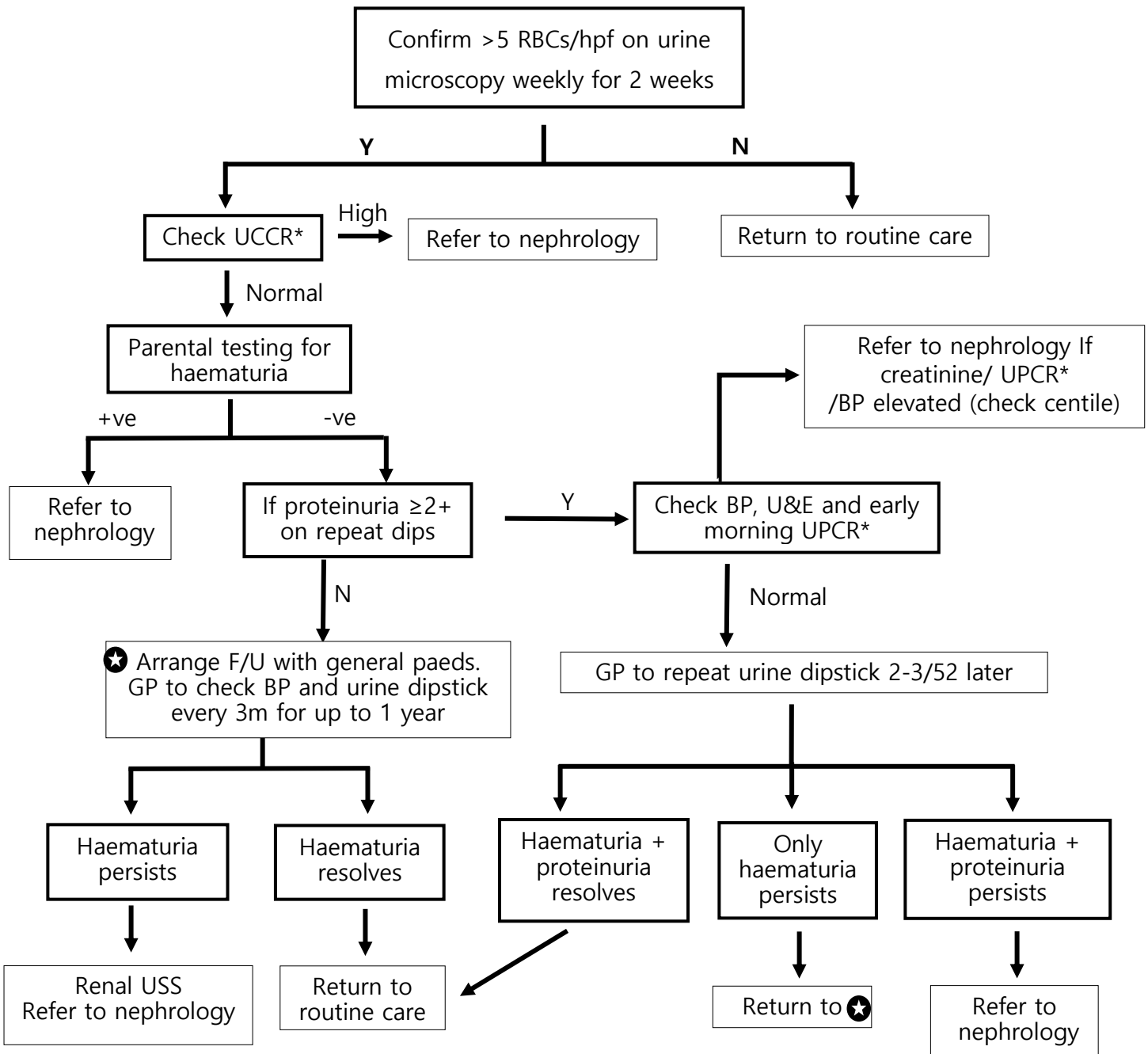
Grade: _____



MICROSCOPIC HAEMATURIA

Microscopic haematuria is common, presenting in up to 5% of healthy children. It is most often **transient** and resolves spontaneously.

- Causes of transient microscopic haematuria:
- Exercise
 - Fever
 - Trauma to kidney/urinary tract
 - UTI
 - Urethritis



*UPCR: Urine Protein Creatinine Ratio
*UCCR: Urine Calcium Creatinine Ratio

References

1. Brown DD, Reidy KJ. Approach to the Child with Hematuria. *Pediatr Clin North Am.* 2019;66(1):15-30.
2. Boyer O. Evaluation of microscopic haematuria in children. In: Niaudet P, Drutz J, Hoppin, A., ed. *UpToDate*. Waltham, MA2023.
3. Meyers KE. Evaluation of hematuria in children. *Urol Clin North Am.* 2004;31(3):559-573, x.
4. Rees L, Bockenhauer D, Webb NJA, Punaro MG. *Paediatric Nephrology*. Oxford University Press; 2019.

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