

The Atlantic Provinces Medical Peer Review



MANAGEMENT OF SPECIFIC DISEASE ENTITIES

Nephrology # 1 - HEMATURIA

It is important to note that these guidelines are meant to be of assistance to assessors in making observations. They should not be taken as standards of any of the Atlantic Provinces Licensing Authorities.

Risk factors: smoking, occupational exposure, medications, analgesic abuse, pelvic irradiation
chronic infection, recent URTI, positive family history of renal disorders, underlying primary renal disorder

Etiology: trauma: exercise induced, ABD or iatrogenic trauma, pelvic fracture, foreign object, physical/sexual abuse
neoplasms: CA of prostate, urethra, bladder, ureter, kidney
endometriosis, inflammatory UTI, renal disease, metabolic causes (calculus disease or hypercalciuria with microcalculi), cystic disease, hematologic and vascular causes, congestion, chemical causes, obstruction

Signs & Symptoms: generally none, red or rose-coloured urine with gross hematuria

Diagnosis:

- history and physical
- urine cytology: urine dipstick, urinalysis and culture, renal function test, CBC, urine calcium/urine creatinine ratio
- imaging: renal US, CT, MRI
- renal biopsy, cystoscopy, ureteroscopy, retrograde, pyelogram
- differential diagnosis: artificial discolouration of urine, vaginal bleeding , genital trauma, malingering

Therapies:

- no drugs indicated for undiagnosed hematuria; clots may require continuous bladder irrigation
- after initial work up, 35 % of patients remain without a diagnosis
- re-evaluation is indicated for recurrence of gross hematuria, positive cytology, significant symptoms, increasing proteinuria, presence of red cell casts and/or worsening renal function

	N/A	E	S	D
Clinical history and physical exam are documented.				
It is evident that appropriate tests have been ordered and completed.				
Appropriate therapies are used and regularly reviewed.				

COMMENTS: _____

