**HIGH RISK**

**SUGGESTED EMERGENT CONSULTATION**

**SYMPTOMS AND LABS**
For same-day in-office urology evaluation (less than 24-48 hours):
- Multiple clots in urine
- Inability to void
- Flank / suprapubic pain or fullness
- Fevers or signs of systemic illness
- Symptoms of acute anemia

**SUGGESTED PREVISIT WORKUP**
- Urinalysis (dipstick ok)
- Vital signs (if unstable, refer directly to ED)
- CBC and BMP stat
- Coags stat (if on anticoagulation)

**MODERATE RISK**

**SUGGESTED CONSULTATION OR CO-MANAGEMENT**

**SYMPTOMS AND LABS**
Semi-urgent referral to urology (within 1-2 weeks):
- Painless visible hematuria with negative urine culture

**SUGGESTED WORKUP**
- If risk factors are present (age greater than 40, history of tobacco exposure, exposure to textile dyes / manufacturing / leather tannery / pelvic radiation / chronic NSAID use), then recommend:
  - CT abdomen and pelvis with and without IV contrast
  - BMP
  - Urology referral for cystoscopy under local anesthesia
  - Urine cytology if visible hematuria

**LOW RISK**

**SUGGESTED ROUTINE CARE**

**SYMPTOMS AND LABS**
If dipstick is positive for blood, then order urine microscopy
If greater than or equal to 3 rbc/hpf, refer to Urology

**SUGGESTED MANAGEMENT**
- If risk factors are present (age greater than 40, history of tobacco exposure, exposure to textile dyes / manufacturing / leather tannery / pelvic radiation / chronic NSAID use), then recommend:
  - CT abdomen and pelvis with and without IV contrast
  - BMP
  - Urology referral for cystoscopy under local anesthesia

**CLINICAL PEARLS**

- A CT with IV contrast is required because many forms of urinary pathology are not visible on non-contrast studies.
- For healthy patients with no risk factors (less than 40, nonsmokers), no pre-consult imaging is required.
- If patient is unable to have CT with IV contrast, order CT without IV contrast.

- Refer to the American Urological Association website for the AUA Guideline for workup of hematuria, [www.auanet.org](http://www.auanet.org)