HEMATURIA REFERRAL GUIDELINE

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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

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

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 PREVISIT WORKUP

Urinalysis (dipstick ok)

Vital signs (if unstable, refer directly to ED)

CBC and BMP stat

Coags stat (if on anticoagulation)

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

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

Maine Medical
PARTNERS

These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.