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\* These guidelines are to be used only as a tool for initial reference and not be used as exclusive indicators for referral to Nephrology.

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For appointments, please call the Patient Access Center at 888-770-2462 (888-770-CHOC)

Complete the [CHOC Children's Specialists Nephrology Referral Request Form](http://www.choc.org/referralguidelines) located at <http://www.choc.org/referralguidelines>

Fax ALL pertinent medical records to 855-246-2329 (855-CHOC-FAX)

To speak with a CHOC Children's Specialist in Nephrology, please call 714-509-8324

## A. Microhematuria [ICD-9 Code: 599.72] [ICD-10 Code: R31.1, R31.2]

### Refer to Nephrology when:

- Persistent (3 urinalyses on 3 different occasions)

### Pre-referral workup

- ▶ CBC
- ▶ Renal function panel
- ▶ Renal and bladder ultrasound

## B. Gross Hematuria [ICD-9 Code: 599.71] [ICD-10 Code: R31.0]

### Refer to Nephrology when:

- If painless
- If not red/bloody
- If painful urination, red urine, blood clots refer to urology

### Pre-referral workup

- ▶ CBC
- ▶ Renal function panel
- ▶ Renal and bladder ultrasound
- ▶ Physical exam (including blood pressure)

## C. Proteinuria [ICD-9 Code: 791.0] [ICD-10 Code: R80.\*]

### Refer to Nephrology when:

- If 1st a.m. urine (when waking up at home) has proteinuria  $\geq$  +1

### Pre-referral workup

- ▶ CBC
- ▶ Renal function panel
- ▶ Renal and bladder ultrasound
- ▶ 1st am urine (from home to lab) for random protein, random creatinine

## D. Acidosis [ICD-9 Code: 276.2] [ICD-10 Code: E87.2]

### Refer to Nephrology when:

- Low serum bicarbonate on 2 tests of venous blood
- Normal anion gap
- Failure to thrive (not mandatory)

### Pre-referral workup

- ▶ None

## E. Cystic Kidneys [ICD-9 Code: 753.10] [ICD-10 Code: Q61.00, Q61.9]

### Refer to Nephrology when:

- When seen on ultrasound

### Pre-referral workup

- ▶ Blood pressure
- ▶ CBC
- ▶ Comprehensive metabolic panel
- ▶ Urinalysis
- ▶ Renal ultrasound if none in past 12 months

## F. Hypertension [ICD-9 Code: 401.1 - 405.19] [ICD-10 Code: I10-I15.8]

### Refer to Nephrology when:

- Blood pressure above 95% for age, gender, height percentile at 3 different days

### Pre-referral workup

- ▶ CBC
- ▶ Renal and bladder ultrasound
- ▶ Comprehensive metabolic panel
- ▶ Urinalysis
- ▶ Cholesterol

## Sources used in development of these Referral Guidelines:

A practical primary care approach to hematuria in children

Diven SC, Travis LB

Pediatr Nephrol 2000; 14(1):65-72

Evaluation and management of proteinuria and nephrotic syndrome in children: recommendations from a pediatric nephrology panel established at the National Kidney Foundation conference on proteinuria, albuminuria, risk, assessment, detection, and elimination (PARADE)

Hogg RJ, Portman RJ, Milliner D, Lemley KV, Eddy A, Ingelfinger J

Pediatrics 2000; 105(6):1242-9

Acid-Base disorders

Nitu M, Montgomery G, Eigen H

Pediatrics in Review 2011; 32 (6):240-251

Renal cystic kidney diseases: a review

Bisceglia M, Galliani CA, Senger C, Stallone C, Sessa A

Adv Anat Pathol 2006; 13(1):26-56

The fourth report on the diagnosis, evaluation, and treatment of high blood pressure in children and adolescents

Pediatrics 2004; 114(2):555-76