| Hematuria                                                                                                                                                                                    | Referral Guide:<br>Page 1 of 1 | Urology                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------------------|
| Diagnosis/Definition:                                                                                                                                                                        |                                |                              |
| Microscopic hematuria-at least 3 RBC per HPF on 2 of 3 properly collected clean catch urine specimens.  Gross hematuria – 1 or more episodes of high grade micro hematuria >100 RBC per HPF. |                                |                              |
| Initial Diagnosis and Management:                                                                                                                                                            |                                |                              |
| Rule out menses, prostatitis, stone, nephritis, trauma, infection or bleeding disorders.                                                                                                     |                                |                              |
| Ongoing Management and Objectives:                                                                                                                                                           |                                |                              |
| Refer to urology if the above criteria are met.                                                                                                                                              |                                |                              |
| Indications for Specialty Care Referral:                                                                                                                                                     |                                |                              |
| See above diagnosis as all are indications for GU referral.                                                                                                                                  |                                |                              |
|                                                                                                                                                                                              |                                |                              |
| Test(s) to Prepare for Consult:                                                                                                                                                              | Test(s                         | ) Consultant May Need To Do: |
| CR<br>IVP<br>UA and culture<br>Urine cytology                                                                                                                                                | Cystos                         | сору                         |
| Criteria for Return to Primary Care:                                                                                                                                                         |                                |                              |
| Negative work up. Follow up UAs if hematuria persists they will need to be re-evaluated in 6 months.                                                                                         |                                |                              |
| Revision History: Created Revised                                                                                                                                                            |                                |                              |

**Disclaimer:** Adherence to these guidelines will not ensure successful treatment in every situation. Further, these guidelines should not be considered inclusive of all accepted methods of care or exclusive of other methods of care reasonably directed to obtaining the same results. The ultimate judgment regarding the appropriateness of any specific procedure, therapy, or referral must be made by the physician/provider in light of all circumstances presented by an individual patient.