**Tower Hamlets Children and Young People Guideline  
*Proteinuria*  
*For advice and guidance, contact the Paediatric Hotline.  
Telephone number: 07919598173***

Urinalysis Positive Proteinuria

Clinical History and Examination

* Intercurrent illness and fever
* Oedema
* UTI symptoms
* Drug history
* Family history
* Systemic examination
* Blood pressure
* Weight and Height

Normal urine Prot:Creat ratio  
0-2 years: up top 50 mg/mmol  
> 2 years: up to 25 mg/mmol

NB Nephrotic syndrome:  
> 360mg/mmol

Urinalysis  
1+ = 0.3g/L  
2+ = 1g/L  
3+ = 3g/L  
4+ = ≥ 20g/L

* If History, clinical examination and rest of urinalysis suggest UTI manage as UTI guideline
* If 3+ proteinuria and clinical oedema then urgent referral to on-call paediatric team as nephrotic syndrome for first presentation. If relapse manage as individual guidelines.

Proteinuria without UTI or Nephrotic Syndrome

* Repeat early morning urinalysis overs 2 weeks
* Review with urinalysis results and repeat BP

**Pathological Proteinuria**

* Persistent
* Abnormal – renal function or BP
* Haematuria

**Causes**

* Glomerular
* Tubular
* Excess Protein e.g. Myeloproliferative disorders, Rhabdomyolysis, Albumin infusions, Multiple transfusions

**Benign Proteinuria**

* Intermittent/Transient
* Normal – renal function & BP
* No Haematuria

**Causes**

* False Positive urinalysis
* Post exercise, cold, intercurrent illness
* Orthostatic

**Persistent Proteinuria**

* Send urine for MC&S
* Refer to Paediatrics
* Bloods\* – U&E, LFT, Bone, CRP, IgA, C3, C4, ANA, dsDNA, ASOT
* Renal USS – request at same time as clinic referral.

**Repeat urinalysis negative for blood and protein and normal BP**

Reassure – likely transient proteinuria or orthostatic proteinuria

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*Proteinuria***

**Document Control Information**

This document was created collaboratively between Tower Hamlets CCG and Barts Health NHS Trust. The document has been approved locally for use within the London Borough of Tower Hamlets.

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**Document Overview**

This document acts as a guideline and advises on the pathway and procedures which need to be followed when diagnosing and referring patients for treatment. This guideline should be used in conjunction with the users’ clinical judgement.

**Safeguarding**Concerns about Safeguarding should be managed as per LSCB/London Child Protection Procedures and   
Click [Here](http://gp.towerhamletsccg.nhs.uk/clinical-services/SAFEGUARDING_CHILDREN_HOME_PAGE.htm)  
NICE Guidance to be used where appropriate. - <https://www.nice.org.uk/guidance/cg89>

**Investigations**Investigation names and acronyms marked with \* are noted as per the TQuest system input.

**Blood Pressure (BP) Information.**Information regarding the blood pressure guidelines and ranges.  
 [Click Here](http://www.gosh.nhs.uk/health-professionals/clinical-guidelines/blood-pressure-monitoring)