

Assessing Risk: *Need For Urinalysis*

The American Academy of Pediatrics Committee on Ambulatory Medicine recommends routine urinalysis screening at age 5 and 15. However, there is considerable debate regarding the benefits of routine urinalysis screening for heavy microscopic hematuria and significant proteinuria for asymptomatic infants and children.

Only one routine screening is therefore recommended in the Vermont Department of Health Screening Recommendations for Children and Adolescents between age 3 and 5. **Additional screening** is recommended when the following risk factors are present.

- Family history of Renal Disease
- Past medical history of Obstructive Uropathy
- Past medical history of Nephritis including Acute Glomerulonephritis and Henoch Schoenlein Purpura
- Past medical history of Nephrotic Syndrome
- Past medical history of Hemolytic Uremic Syndrome

Children and adolescents with these risk factors should have a dipstick urinalysis screening **at each health supervision visit**. The purpose of this screening is to determine the presence of significant proteinuria or heavy microscopic hematuria.

- Significant proteinuria means that which is sustained 2 urinalyses and/or is present in a first morning void specimen
- Heavy microscopic hematuria means > 10-20 rbc/hpf
- Significant proteinuria documented by this method should be confirmed by a random ("spot") urine protein/creatinine ratio (normal < 0.2mg/dl)

Sources:

The American Academy of Pediatrics Committee on Ambulatory Medicine. *Recommendations for Preventive Health*, 1995

Kaplan, Robert E., Spingate, James E., and Feld Leonard. "Screening Dipstick Urinalysis: A Time to Change" *Pediatrics* 1997; 100(6): 919-921

Norman, Michael. *An Office Approach to Hematuria and Proteinuria*. *Pediatric Clinics of North America* 34:3, June, 1987.