Decision algorithm for the investigation and referral of haematuria.

Visible haematuria (VH)
- Plasma creatinine/eGFR
- Exclude transient cause including UTI

Non-visible haematuria (NVH)
- Exclude transient cause including UTI

Symptomatic non-visible haematuria (s-NVH)
- Blood pressure
- Plasma creatinine/eGFR
- Send urine for ACR or PCR

Asymptomatic non-visible haematuria (a-NVH)
- 2 of 3 dipstick tests positive

≥ 40yrs
- Normal
  - All of:
    - eGFR ≥60ml/min AND
    - ACR <30 or PCR <50 AND
    - BP <140/90

< 40yrs
- Abnormal
  - Any one of:
    - eGFR <60ml/min
    - ACR ≥30 or PCR ≥50
    - BP ≥140/90

Urology Assessment
- Imaging and cystoscopy.

Nephrology Assessment

Primary Care Monitoring
- Annual assessment (whilst haematuria persists) of BP, eGFR and ACR/PCR
- Referral or re-referral to urology if
  - development of VH or s-NVH
- Referral to nephrology if
  - significant or increasing proteinuria (ACR >30 or PCR >50)
  - eGFR <30ml/min (confirmed on at least 2 readings and without an identifiable reversible cause)
  - deteriorating eGFR (by >5ml/min fall within 1 year, or >10ml/min fall within 5 years)
- N.B. Direct referrals between urology and nephrology will depend on local commissioning guides