Urology – Visible Haematuria (Adults)

**Patient Presentation**

- Haematuria

**GP**

Assess

- Any Single episode **visible** haematuria
  - Exclude transient cause e.g. UTI

**Urology One stop clinic**

- History and exam
- Urinalysis prior to Cystoscopy
- Flexible Cystoscopy
- CTIVU (or locally agreed alternative)
- DRE

Consider Nephrology referral according to CKD guidelines:

- Evidence of declining GFR (by >10ml/min at any stage within the previous 5 years or by >5ml/min within the last 1 year)
- Stage 4 or 5 CKD (eGFR <30ml/min)
  - Significant proteinuria (ACR ≥30mg/mmol or PCR ≥50mg/mmol)
- Isolated haematuria (i.e. in the absence of significant proteinuria) with hypertension in those aged <40.
  - Visible haematuria coinciding with intercurrent (usually upper respiratory tract) infection

In the event the above criteria are not met, haematuria itself (visible or non-visible) does not require nephrology referral. Such patients should however continue to be monitored in primary care.