# Hematuria Referral Guideline

**High Risk**

**Symptoms and Labs**
For same-day in-office urology evaluation (less than 24-48 hours):
- Multiple clots in urine
- Inability to void
- Flank / suprapubic pain or fullness
- Fevers or signs of systemic illness
- Symptoms of acute anemia

**Suggested Previsit Workup**
- Urinalysis (dipstick ok)
- Vital signs (if unstable, refer directly to ED)
- CBC and BMP stat
- Coags stat (if on anticoagulation)

**Moderate Risk**

**Symptoms and Labs**
Semi-urgent referral to urology (within 1-2 weeks):
- Painless visible hematuria with negative urine culture

**Suggested Consultation or Co-management**
- If risk factors are present (age greater than 40, history of tobacco exposure, exposure to textile dyes / manufacturing / leather tannery / pelvic radiation / chronic NSAID use), then recommend:
  - CT abdomen and pelvis with and without IV contrast
  - BMP
  - Urology referral for cystoscopy under local anesthesia
  - Urine cytology if visible hematuria

**Low Risk**

**Symptoms and Labs**
If dipstick is positive for blood, then order urine microscopy
If greater than or equal to 3 rbc/hpf, refer to Urology

**Suggested Routine Care**

**Symptoms and Labs**
- None

**Suggested Management**
- If risk factors are present (age greater than 40, history of tobacco exposure, exposure to textile dyes / manufacturing / leather tannery / pelvic radiation / chronic NSAID use), then recommend:
  - CT abdomen and pelvis with and without IV contrast
  - BMP
  - Urology referral for cystoscopy under local anesthesia

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### Clinical Pearls

- A CT with IV contrast is required because many forms of urinary pathology are not visible on non-contrast studies.
- For healthy patients with no risk factors (less than 40, nonsmokers), no pre-consult imaging is required.
- If patient is unable to have CT with IV contrast, order CT without IV contrast.

- Refer to the American Urological Association website for the AUA Guideline for workup of hematuria, [www.auanet.org](http://www.auanet.org)

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These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.