Box 1

Investigating haematuria in primary care

DO NOT:

1 Be concerned about 'trace' haematuria - it is irrelevant and is considered as negative

2 Assume it is due to infection unless the clinical picture is consistent with this – it could delay the diagnosis of serious pathology

3 Ignore haematuria because the patient is on antiplatelet therapy or anticoagulant treatment – it still needs to be assessed

4 Forget that the NICE guidelines regarding urology referral relate to urgent assessment for suspected cancer - other patients may still merit urological assessment

5 Leave the top off the dipstick container - or oxidation may occur resulting in false-positive results