Table 2

Urological and nephrological evaluation of haematuria

Urological evaluation including renal imaging and cystoscopy is required in all patients with significant haematuria as defined by:

Visible haematuria (macroscopic or gross haematuria) at any age

Non-visible haematuria (microscopic or dipstick-positive haematuria) if:

- Symptomatic at any age (hesitancy, frequency, urgency, dysuria)
- Persistent (defined as 2 out of 3 dipsticks positive) and aged > 40 years

If a urological cause is excluded, a nephrology referral should be considered **if the patient meets any of the CKD criteria for referral or has:**

Significant proteinuria (ACR ≥ 30 mg/mmol or PCR ≥ 50 mg/mmol = 0.5 g/24hr)

Evidence of progressive CKD

- A sustained decrease in eGFR ≥ 25% and a change in GFR category within 12 months or
- A sustained decrease in eGFR > 15 ml/min/1.73m^2 per year

Stage 4 or 5 CKD (eGFR < 30 ml/min/1.73m^2)

Isolated haematuria (i.e. in the absence of significant proteinuria) with hypertension in those aged < 40 years

Visible haematuria coinciding with intercurrent (usually upper respiratory tract) infection