# Clinical Procedure for the Management of Haematuria

**Document Control:**

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| **For Use In:** | Norfolk and Norwich University Hospitals (NNUH), James Paget University Hospital (JPUH) and The Queen Elizabeth Hospital King's Lynn (QEHKL) | | |
| | All clinical areas | | |
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| V2 | 18/06/2024 | Hany Hussein | Reformatting as per new trust template requirements. |

**Previous Titles for this Document:**

| Previous Title/Amalgamated Titles | Date Revised |
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| None | Not applicable |

Note which Trust, where applicable.

## Distribution Control

Printed copies of this document should be considered out of date. The most up to date version is available from the Trust Intranet.

## Consultation

The following were consulted during the development of this document:

- Miss Charlotte Dunford, Consultant Urologist (NNUH)
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- Mr. Petre Ilie, Consultant Urologist (QEHKL)
- Mr. David Manson-Bahr, Consultant Urologist (JPUH)

## Monitoring and Review of Procedural Document

The document owner is responsible for monitoring and reviewing the effectiveness of this Procedural Document. This review is continuous however as a minimum will be achieved at the point this procedural document requires a review e.g., changes in legislation, findings from incidents or document expiry.

## Relationship of this document to other procedural documents

This document is a clinical guideline applicable to Norfolk and Norwich University Hospitals (NNUH), James Paget University Hospital (JPUH) and The Queen Elizabeth Hospital King's Lynn (QEHKL); please refer to local Trust's procedural documents for further guidance.

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## 1. Introduction

### 1.1. Rationale

Haematuria, the presence of blood in the urine, is a common and potentially alarming symptom that warrants prompt and thorough evaluation. It can arise from various sources within the urinary tract, ranging from benign causes such as urinary tract infections to more serious conditions including malignancies and renal disorders. The management of haematuria requires a systematic clinical approach aimed at identifying the underlying aetiology, guiding appropriate interventions, and ensuring optimal patient outcomes.

### 1.2. Objective

This guidance has been created to provide healthcare providers with a systematic approach to identifying, assessment and management of haematuria in accordance with current evidence based clinical practice aiming to enhance the safety of patients presenting with haematuria with a resultant improvement in overall outcomes.

### 1.3. Scope

This guidance applies to all adult patients over 18 years of age presented with either symptomatic or asymptomatic, visible or non-visible haematuria.

### 1.4. Glossary

The following terms and abbreviations have been used within this document:

| Term | Definition |
|---|---|
| eGFR | Estimated glomerular filtration rate |
| G&S | Group and save |
| U&Es | Urea and Electrolytes |
| FBC | Full blood count |

## 2. Responsibilities

All medical staff and allied healthcare professionals involved in the care of patients with presented with either symptomatic or asymptomatic, visible or non-visible haematuria. should be aware of the recommendations contained in this guidance. Staff must always ensure they have appropriate training and gained the necessary competencies before undertaking invasive procedures.

## 3. Policy Principles

### 3.1. Assessment

- Haematuria is classified as non-visible haematuria (seen on urine dipstick only) and visible haematuria.
- The risk of an associated malignancy is 5% for non-visible and 19% for visible haematuria.

#### 3.1.1. Differential Diagnosis

- Malignancy (urethral, prostatic, bladder, ureteric, renal).
- Infection (cystitis, prostatitis, pyelonephritis).

- Trauma.
- Intrinsic renal disease.
- Renal tract calculi.
- Iatrogenic (post-instrumentation).

#### 3.1.2. History

- Painless visible haematuria.
- Clots may be seen and can cause urinary retention.
- Systemic features of UTI.
- History of trauma.

### 3.2. Management

#### 3.2.1. Asymptomatic non-visible haematuria

In the absence of urinary infection if two of three urine dipstick samples positive for blood – Check blood pressure, plasma creatinine and eGFR and send urine for ACR.

Aged < 40 years:

- If eGFR > 60ml/min, ACR < 30, BP < 140/90 --> Primary care monitoring.
- If eGFR < 60ml/min or ACR > 30 or Bp > 140/90 --> Refer to Nephrology.

Aged > 40 years:

- Refer to Urology for imaging and cystoscopy.

#### 3.2.2. Symptomatic non-visible haematuria

In the absence of urinary infection if urine dipstick sample positive for blood – Check blood pressure, plasma creatinine and eGFR. Refer to Urology for imaging and cystoscopy.

#### 3.2.3. Visible haematuria

- In the absence of urinary infection - Check blood pressure, plasma creatinine and eGFR and refer to Urology for imaging and cystoscopy.
- Visible haematuria usually settles and can be investigated as an out-patient.
- With continued bleeding or difficulty voiding arrange urgent admission (Bleep On-Call Urology SpR).

### 3.3. Emergency admission with visible haematuria

- MSU. Routine bloods (U+E, FBC, LFT, G&S, Clotting Screen).
- X-Ray KUB and Ultrasound KUB (If renal function normal CT Urogram is preferable).
- Treat urinary infection as appropriate.

- Monitor for signs of retention. May require catheterisation. Use 22Fr 3-way catheter if clots seen and consider commencing irrigation.
- Avoid suprapubic catheterisation with visible haematuria.
- If upper tracts are normal patient will require a cystoscopy usually as an out-patient.

#### 4. Monitoring Compliance

To ensure that this document is compliant with the above standards any adverse outcomes will be entered onto Datix and reviewed by the Departmental Governance Team who will ensure that these are investigated and are discussed at relevant governance meetings to review the results and make recommendations for further action.

#### 5. Appendices

There are no appendices for this document.

**6. Equality Impact Assessment (EIA)**

| **Type of function or policy** | Existing |
|---|---|

| **Division** | Surgical | **Department** | Urology |
|---|---|---|---|
| **Name of person completing form** | Hany Hussein | **Date** | 18/06/2024 |

| **Equality Area** | **Potential Negative Impact** | **Impact Positive Impact** | **Which groups are affected** | **Full Impact Assessment Required YES/NO** |
|---|---|---|---|---|
| Race | None | None | NA | No |
| Pregnancy & Maternity | None | None | NA | No |
| Disability | None | None | NA | No |
| Religion and beliefs | None | None | NA | No |
| Sex | None | None | NA | No |
| Gender reassignment | None | None | NA | No |
| Sexual Orientation | None | None | NA | No |
| Age | None | None | NA | No |
| Marriage & Civil Partnership | None | None | NA | No |
| **EDS2 – How does this change impact the Equality and Diversity Strategic plan (contact HR or see EDS2 plan)?** | No | | | |

- **A full assessment will only be required if: The impact is potentially discriminatory under the general equality duty**
- **Any groups of patients/staff/visitors or communities could be potentially disadvantaged by the policy or function/service**
- **The policy or function/service is assessed to be of high significance**

**IF IN DOUBT A FULL IMPACT ASSESSMENT FORM IS REQUIRED**

**The review of the existing policy re-affirms the rights of all groups and clarifies the individual, managerial and organisational responsibilities in line with statutory and best practice guidance.**