Hematuria

Do not give NSAIDs including ibuprofen or ketorolac. No IM injections. Give Clotting Factor before invasive procedures.

**Contact**
- Contact Hematologist on call:
  - Pediatrics 210-529-2567
  - Adults 210-203-9684

**Rapid Triage**
- Brief history including: duration of current episode and associated signs/symptoms (fever, dysuria, dehydration, other sites of pain), prior episodes including effectiveness of interventions.
- Exam to include: Vital Signs, hydration status, degree of pallor and cardiopulmonary status.

**Laboratory**
- STAT CBC with differential, BMP with placement of IV or port access
- No indication for PTT unless checking response to factor dose
- Urinalysis with micro/macro; Urine Cx if febrile
- If extreme pallor: type and screen

**Imaging**
- Renal ultrasound to evaluate for obstruction by clots

**Analgesia**
- Moderate to severe pain: Morphine 0.1-0.15 mg/kg IV. Reassess pain q 20-30 minutes. Patients with severe pain may require repeated doses of morphine 0.02-0.05 mg/kg IV q 20-30 minutes.
- Monitor pulse ox for patients receiving IV opioids.

**Fluids/Clotting Factor**
- Give initial 10ml/kg NS bolus IV over 1 hour followed by 1-1.5 X MIVF.
- Do not give clotting factor routinely for hematuria.

**Disposition**
- Disposition per Hematology
- Admission criteria: persistent hematuria; severe pain, abnormal renal function or hypertension

*Hematuria in Hemophilia is most often managed by bed rest and IV hydration.*

Created by: Dr. Frei-Jones Nov 2017
P&T Approved: Aug 2018