Madigan Army Medical Center
Referral Guidelines

Proteinuria

Diagnosis/Definition

Greater than 150 mg of proteinuria per day.

Initial Diagnosis and Management

- Perform a history and physical examination to evaluate for evidence of a systemic disorder.
- Diagnosis is usually suspected on the basis of an abnormal dipstick urinalysis. Would repeat urinalysis to rule out transient proteinuira. If transient proteinuria can re-assure patient and recheck in one year.
- If serum creatinine is elevated or MRDR eGFR <60 would refer to nephrology.
- If normal serum creatinine and repeat urinalysis continues to be positive for proteinuria, would obtain urine spot protein to creatinine ratio (type in "spot" in CHCS).
    - If spot pr/cr ratio is greater than 0.15 (equivalent to 150 mg daily) and less than 1.0 would start ACEi or ARB and recheck BMP (to avoid hyperkalemia and acute kidney injury) and repeat spot pr/cr ratio to look for improvement
    - If spot pr/cr ratio is greater than 1 would refer to nephrology.
- Evaluate for evidence of nephrotic syndrome: low serum albumin, high cholesterol, the presence of edema, and greater than 3 gm of proteinuria daily. If concern for nephritic syndrome would refer to nephrology.
- Obtain renal panel, serum magnesium, hgb/hct, iron panel, ferritin, PTH, and 25-OH vitamin D while waiting for nephrology appointment.
- Obtain ultrasound, kidney and bladder.

Indications for Specialty Care Referral

- Nephrotic syndrome as noted above
- Elevated sCr with MDRD eGFR <60.
- Proteinuria with spot pr/cr greater than 1.0 despite being on ACEi or ARB.
- Active sediment on non contaminated microscopic urinalysis (>2 RBC/hpf, >4 WBC/hpf, cellular casts).
- Evidence of systemic disease, e.g., SLE.

Criteria for Return to Primary Care

This will need to be determined on a case-by-case basis after discussion with the primary care provider and the nephrologist.

Last Review for this Guideline: **December 2010**
Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division
Clinical Practice and Referral Guidelines Administrator