

If edema is present with proteinuria



Evaluate for nephrotic syndrome:

- Comprehensive metabolic panel
- Cholesterol

Consider

- Complement C3, C4
- Anti-nuclear antibody
- Hepatitis B & C serologies
- HIV



Abnormal findings

Pediatric Nephrology Referral

If isolated asymptomatic proteinuria



Confirm proteinuria: test x 3 in 3 weeks

- Urine analysis: $\geq 1+$ reagent strip
- Urine protein/creat > 0.2



If proteinuria persists

Evaluate for orthostatic proteinuria



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Urine Culture



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Quantify proteinuria (24 hour urine collection)



(>100mg/m²/D)

Evaluate for nephrotic syndrome:

- Comprehensive metabolic panel
- Cholesterol

Consider:

- Complement C3, C4
- Anti-nuclear antibody
- Hepatitis B & C serologies
- HIV



Abnormal findings
Proteinuria > 500 mg/m²/D

Pediatric Nephrology referral



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Long term follow up



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Treat infection and repeat urine analysis following therapy



(<100mg/m²/D)

• Normal protein excretion rate
• Routine health maintenance



Normal findings
Prot < 500 mg/m²/D

Follow up

Nephrotic Syndrome

- Proteinuria
- Hypoalbuminemia
- Hypercholesterolemia
- Edema

Features suggestive of minimal change disease:

- Age 1-10 yr
- Normotensive
- No hematuria
- Normal GFR
- Normal C3
- No anemia

Not likely minimal change disease:

- Hypertension
- Hematuria
- Age: Infant < 12 mo. or postpubertal
- Steroid resistant