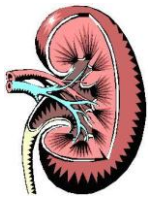
Queensland Government
Queensland Health

PROTEINURIA

⌘ ROUTINE ANNUAL SCREENING
⌘ INCIDENTAL FINDING
(EXCLUDES PREGNANCY)



Diabetes Mellitus:
ACR positive:
Micro/Macroalbuminuria present

CONFIRM TRUE PROTEINURIA
(false +ve if urine pH >7; concentrated urine; blood contamination)

Non- Diabetes Mellitus:
Dipstick Positive for Protein

Treat Urinary Tract Infection or Sexually Transmitted Infection

Repeat Urine M/C/S & Protein Assessment

** Fresh urine specimen collection utilising appropriate MSU technique*

Quantify & Qualify True Proteinuria
24 hour
Urine Protein Electrophoresis
Urine Immunoelectrophoresis
Haematuria / Casts*

Asymptomatic Proteinuria
>150 mg / 24 hr <3.5 gm / 24hr
(non-nephrotic range; generally tends to <1gm / 24 hr & tubular in origin)

Symptomatic or Asymptomatic Proteinuria
>3.5 gm / 24hr (Nephrotic Range)
(generally indicates presence of glomerular disease) with or without

- Oedema
- Hypoalbuminemia
- Hyperlipidemia
- Thrombotic Complications

WHEN to REFER to Nephrology Service:

- Nephrotic Range Proteinuria
- Inability to reduce Proteinuria to less than 1gm / 24hr
- Simultaneous presence of Glomerular Haematuria
- GFR < 30mls per min OR rapidly reducing GFR (regardless of baseline)

Management Plan:
Assess Client and Family History

1. Anti-proteinuria medications (ACEi and or ARBs / AT2)
2. Control HBA1c < 7.0% (Diabetes Mellitus)
3. Control Blood Pressure (Hypertension)
4. Control Lipids (Dyslipidaemias preference for STATINS)
5. Control BMI (Obesity)
6. Cease smoking (Smokers)
7. Monitor Thromboemboli Risk Factors (Nephrotic Range)

*** Further Investigations:**

1. Urea, Creatinine, Electrolytes & LFTs + FBC + ESR + CRP
2. Renal Ultrasound
3. Urinalysis for Haematuria / Casts

Extra Investigations required at referral (if not already completed):

4. Serology Screen – Hep B, C, HIV
5. Serum immunoelectrophoresis
6. Urine immunoelectrophoresis

URGENT REFERRAL to Nephrology Service

* Further investigations

Factors increasing likelihood of Renal Disease:

- (Non-diabetic) Proteinuria >1.0gm / 24hr
- PCR >100mg/mmol
- Haematuria
- Decreased GFR
- Hypertension
- Systemic Disorder (new onset of arthralgia, malaise, rash)
- Family history of renal disease