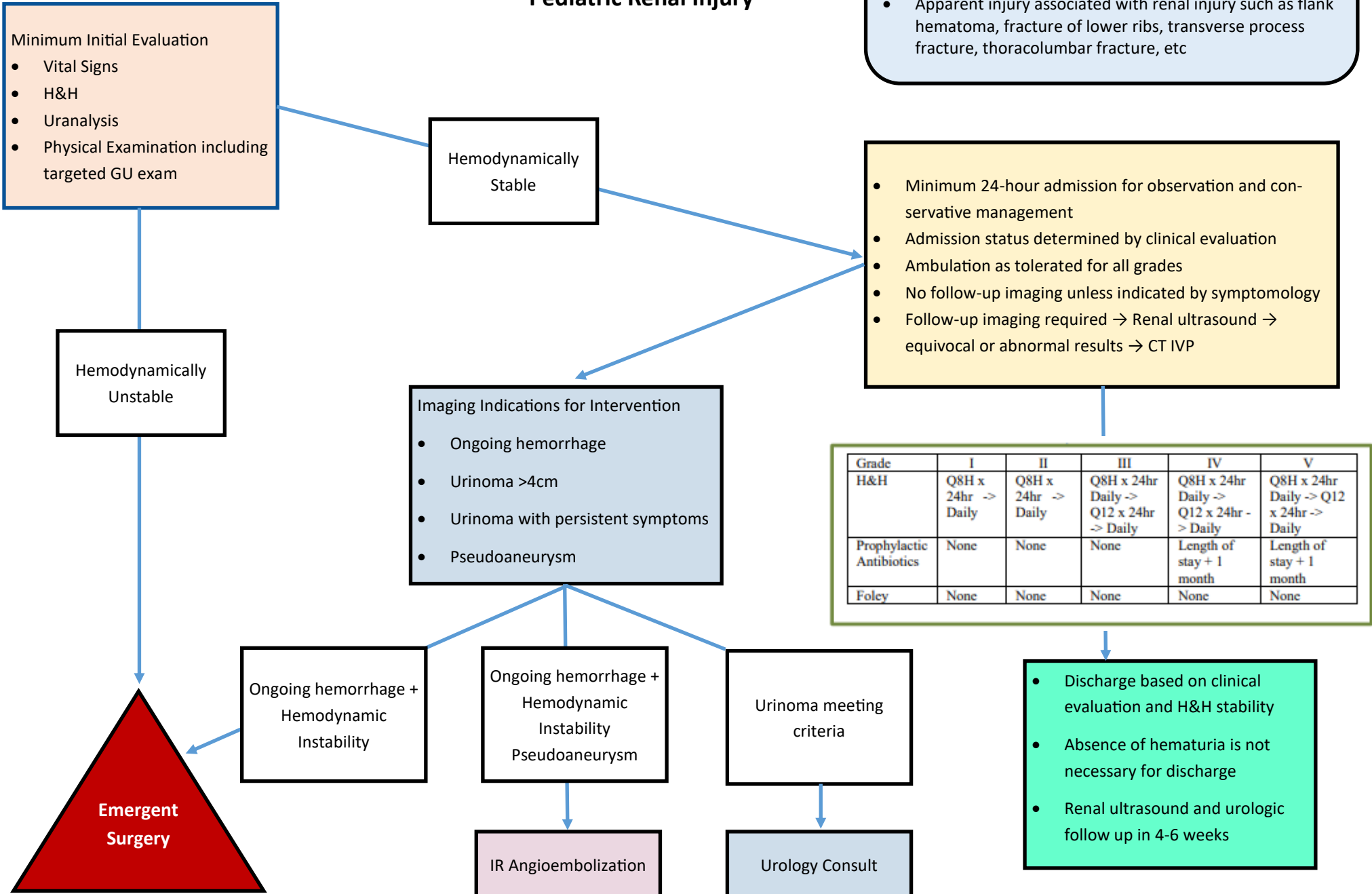


## Practice Management Guideline Pediatric Renal Injury



Indication for CT IVP

- Gross hematuria
- Microscopic hematuria in context of recent trauma
- Significant deceleration Injury
- Apparent injury associated with renal injury such as flank hematoma, fracture of lower ribs, transverse process fracture, thoracolumbar fracture, etc

- Minimum 24-hour admission for observation and conservative management
- Admission status determined by clinical evaluation
- Ambulation as tolerated for all grades
- No follow-up imaging unless indicated by symptomology
- Follow-up imaging required → Renal ultrasound → equivocal or abnormal results → CT IVP

Grade	I	II	III	IV	V
H&H	Q8H x 24hr -> Daily	Q8H x 24hr -> Daily	Q8H x 24hr Daily -> Q12 x 24hr -> Daily	Q8H x 24hr Daily -> Q12 x 24hr -> Daily	Q8H x 24hr Daily -> Q12 x 24hr -> Daily
Prophylactic Antibiotics	None	None	None	Length of stay + 1 month	Length of stay + 1 month
Foley	None	None	None	None	None

- Discharge based on clinical evaluation and H&H stability
- Absence of hematuria is not necessary for discharge
- Renal ultrasound and urologic follow up in 4-6 weeks