



Primary care monitoring

Annual assessment (while haematuria persists) of blood pressure, estimated GFR, and ACR/PCR

Referral or re-referral to urology if:

- Development of visible haematuria or symptomatic non-visible haematuria

Referral to nephrology if:

- Significant or increasing proteinuria (ACR >30 or PCR >50)
- Estimated GFR <30 ml/min*
- Deteriorating estimated GFR* (by >5 ml/min fall within 1 year, or >10 ml/min fall within 5 years)

*Confirmed on at least 2 readings and without an identifiable reversible cause

Note: Direct referrals between urology and nephrology will depend on local commissioning guides