HENOCH SCHÖNLEIN PURPURA - INFORMATION FOR DOCTORS DIAGNOSING HSP IN CHILDREN

The Scottish Renal Managed Clinical Network has developed guidelines which can be incorporated into local clinical care pathways for the management and follow up of patients with renal involvement in HSP. Please refer to this if you diagnose HSP. Details are in the Green file held locally in the department or on-line for download. Clinical review of patients with HSP will follow local practice and may be nurse or doctor led. Please refer to local guidance. If symptoms necessitate earlier review, this may be done by the on-call paediatric medical team or the GP.

Investigations are carried out as per pathway. If you are unsure of the diagnosis, or are inexperienced with this condition, please discuss with a senior doctor or the on-call paediatric medical team. Atypical cases should also be discussed with the paediatric medical team to agree appropriate follow-up.

As part of first assessment all patients should have a Urine Dipstick test, Blood Pressure measurement and height documented.

a) Urine Dipstick 1+ or more for blood and /or 1+ or more of protein
Take Blood: Renal biochemical profile (patients should await results to decide follow up)
Urine: MC&S; Protein:Creatinine (P:CR) or Albumin:Creatinine (A:CR) ratio.

b) Patients with the following should be Referred to the Paediatric Medical Team
Severe joint pain (or moderate pain if poorly controlled)
Signs of Shock (address ABC first)
Significant blood loss from GI tract
Vomiting
Abnormal renal biochemical profile
Increased Blood Pressure (see chart below)
Severe Abdominal Pain (or moderate if poorly controlled)*
Abdominal distension*
Abdominal mass*
Parental Concern / request for admission.

** also requires surgical opinion (? intussusception).*

ALL cases should be referred for follow-up following the locally agreed pathway. Complete the locally agreed referral pro-forma with demographic and clinical information, and identify who will be the responsible clinician for future follow up. Confirm what arrangements are being made for the follow up appointment with the family and provide them with a family information leaflet.

The on call paediatric medical team do not usually need to see simple cases with no significant renal involvement, but these patients will be for follow up and remain under the clinical care of the admitting Consultant for the day.

ACTION BY ON-CALL MEDICAL PAEDIATRIC TEAM

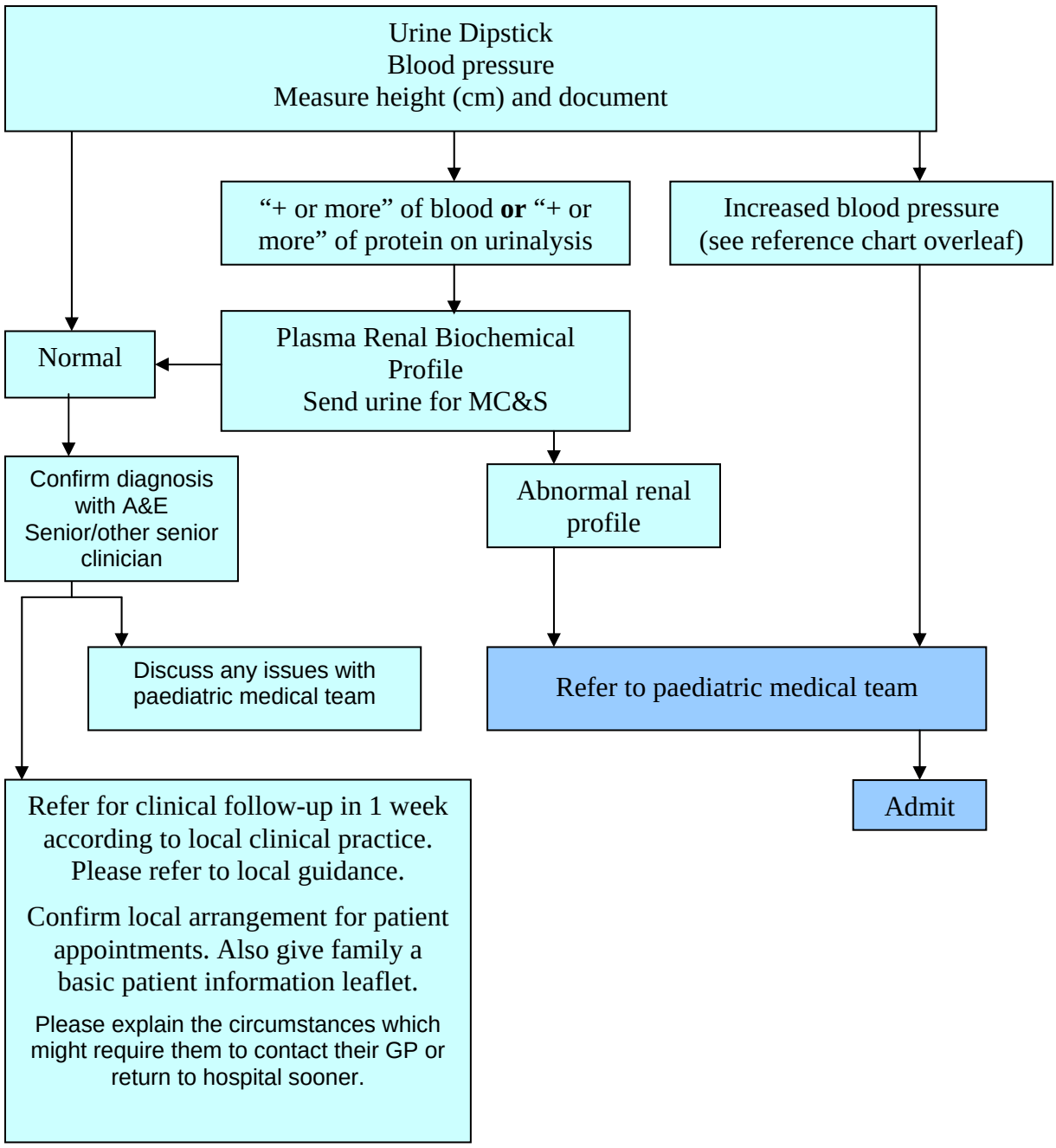
Urinalysis 1+ or more for blood and /or 1+ or more of protein should have:
Blood Pressure.
Renal biochemical profile – U&E, Creatinine, Albumin.
Urine MC&S.
Urine Protein:Creatinine (P:CR) or Albumin:Creatinine (A:CR) ratio.
Abnormal Creatinine: Nephrology opinion urgent as per clinical assessment
P:CR or A:CR >200mg/mmol: Nephrology opinion urgent as per clinical assessment
Weekly follow up: BP, urinalysis, MC&S, P:CR or A:CR, Renal biochemical profile.

Hypertension (**consistent** BP >95th Centile for age)
Admit to confirm and assess raised blood pressure. Paediatric medical team to determine need for urgent of nephrology advice in conjunction with other results.

HYPERTENSION REFERENCE CHART	
<2 years	> 100 systolic / > 68 diastolic
3-5 years	> 110 systolic / > 72 diastolic
6-9 years	> 115 systolic / > 72 diastolic
10-12 years	> 120 systolic / > 75 diastolic
13-15 yrs	> 128 systolic / > 80 diastolic

Joint Pain or Gastrointestinal symptoms: Seek advice of paediatric medical team as felt necessary.

INITIAL MANAGEMENT OF RENAL INVOLVEMENT IN HSP



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