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MEMORANDUM

TO: All Physicians, Nurse Practitioners, Directors of Nursing
Nurse Managers, Clinical Instructors/Educators, Laboratory Managers

FROM: Dr. Marvin Tesch

DATE: January 15, 2014

RE: **MICROSCOPIC URINALYSIS: CHANGE TO REPORTING RED BLOOD CELLS**

Effective January 21, 2014, there will be a change to the reporting ranges for RBC's/hpf. The original reporting scale has been updated to conform to the guidelines for the management of persistent microscopic hematuria.

URINE MICROSCOPY Urine RBC / hpf	
NEW REPORTING SCALE	**PREVIOUS REPORTING SCALE**
0-2	**0-1**
3-5	**1-5**
6-10	**6-10**
11-20	**11-20**
21-50	**21-50**
>50	**>50**

Microscopic hematuria is defined as the presence of 3 or more red blood cells per high power field in the centrifuged urinary sediment. It becomes clinically significant or persistent when identified in two of three properly collected urine samples taken over a 10 day or longer time period.

Hematuria is the most common sign of bladder cancer; however, the incidence of bladder cancer in patients with microscopic hematuria is low. High-risk patients, especially those with a history of smoking or chemical exposure, should be considered for a full urologic evaluation.

Screening the general population for microscopic hematuria is not recommended due to the low incidence of significant urologic disease.

References:
Microscopic Hematuria (Persistent) Guidelines & Protocols Ministry of Health Services British Columbia, April 22, 2009

Wollin, Tim *et al* Canadian guidelines for the management of asymptomatic microscopic hematuria in adults. Can Urol Assoc J 2009;3(1):77-80