Co-Management Guidelines for Henoch-Schonlein Purpura

Initial Patient Encounter for HSP
- Weight, height, blood pressure, urine dip should be performed.

Neither Hematuria nor Proteinuria Present
- Follow up weekly with BP, weight, UA for 6 weeks
- F/U monthly for 6 months (confirmed isolated hematuria)

Isolated Hematuria Present
- Send sample for microscopy to quantify the RBC count
- Specific Gravity > 1.020?
  - Yes
    - 1. UA > 5 RBC/HPF
    - 2. Proteinuria Present
  - No
- P/C ratio above 0.2
- Extended Work Up: CBC, CMP, ANA screen with reflex, PT, PTT—Refer to Pediatric Nephrology

Proteinuria Present (Protein > 2+ or ≥ 100 mg/dL on a sample with a specific gravity > 1.020)
- Send first morning void for protein to creatinine ratio and UA
- P/C ratio less than 0.2

Treatment

Supportive:
- Hydration, nutrition and electrolyte balance
- Simple analgesia: use NSAIDs with CAUTION especially in cases with renal or gastrointestinal involvement.

Severe abdominal pain/joint pain:
- Consider prednisone 1 mg/kg/day (max 40 mg) for 7 to 14 days
- Consider hospital admission if difficult to manage (not responding to NSAIDs or steroids) some patients benefit from IV steroids
- Immediately send patient to the ER if there is suspicion of intussusception, pre-arrival call to HDVCH direct line.