



Child and Teen Checkups (C&TC)

FACT Sheet

For Primary Care Providers

Urinalysis

C&TC Requirements:	Qualified Personnel	Documentation
<p>Urine: Test urine for the presence of abnormalities such as glucose, ketones, protein, leukocytes in sexually active male and female adolescents, and other abnormalities.</p> <p>A baseline urinalysis between 3-5 years is optional.</p> <p>One dipstick urine screening or equivalent is required between the ages of 12-20 years.</p>	<p>Physician</p> <p>Nurse Practitioner</p> <p>Nurse Midwife</p> <p>Physician Assistant</p> <p>Nurse</p> <p>Certified Medical Assistant</p> <p>Lab Technician</p>	<p>Document lab tests ordered.</p> <p>It is not necessary to have a complete record of lab test results on documentation form. Lab test results may be found elsewhere in the chart. Form could indicate where this information can be found. Consider using checklist of most commonly ordered lab tests. For examples, please refer to the C&TC Documentation Forms.</p>

Facts about Urinalysis:

- Urinalysis can detect many abnormalities in the urine, including the presence of glucose, protein, red and white blood cells, bacteria, and bacterial breakdown products.
- The prevalence of urinary tract infection in childhood has been estimated to be roughly 1%. For those children with asymptomatic bacteriuria, fewer than 10% progress to symptomatic urinary tract infections [1].
- Early diagnosis is important to minimize the spread of sexually transmitted diseases (STDs) and prevent untreated infections from progressing to pelvic inflammatory disease in adolescent females and epididymitis in adolescent males. Urine screening in the adolescent population for Chlamydia trachomatis and Neisseria gonorrhoea appears to be both cost-effective [2] and efficient [3].

Screening Tools:

- In screening children and adolescents for bacteriuria, obtain specimens using midstream “clean catch” techniques.

- Urine-based nucleic acid amplification tests (NAATS) have been shown to perform better than urethral culture of males for *Chlamydia trachomatis* [4].

Professional Recommendations:

- American Academy of Pediatrics (AAP) – Routine urinalysis screening should be done at 5 years and for sexually active adolescents [5].
- American Academy of Family Physicians (AAFP) and US Preventive Services Task Force (USPSTF) - Routine screening for asymptomatic bacteriuria is not recommended [1,9].
- Bright Futures – Perform urinalysis once between 3 - 5 years and at least once during adolescence [10].

Resources: (Accessed March 2, 2007)

- American Academy of Pediatrics. (March 2000) Recommendations for Preventive Pediatric Health Care (RE9939) Pediatrics, 105, 3. [On-line] available: <http://www.aap.org/policy/re9939.html>
- Green, M., (2000) Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents (2nd ed.). Arlington, VA: National Center for Education in Maternal and Child Health. . [On-line], available: <http://www.brightfutures.org/hcresources/HCperiodicity.pdf>.
- American Medical Association. Guidelines for Adolescent Preventive Services. [On-line], available: <http://www.ama-assn.org/ama/pub/category/1980.html>.
- Minnesota Department of Health, Maternal and Child Health Section. For questions, training, or additional information, contact the C&TC Support Staff at (651) 201-3760. Website: <http://www.health.state.mn.us/divs/fh/mch/candtc.html>.
- Minnesota Department of Human Services (DHS). C&TC Documentation Forms [Online] http://www.dhs.state.mn.us/id_028848 and Criteria Guidelines for C&TC Provider Documentation. [Online]: <http://www.dhs.state.mn.us/provider/ctc>.

References:

1. Stephens MB, Wilder L. (2003). Is screening urinalysis in children worthwhile? The Journal of Family Practice, 52,11. [On-line], available: <http://www.jfponline.com/Pages.asp?AID=1576&UID=>. Accessed February 20, 2007.
2. Blake D, Gaydos CA, Quinn TC. (2004). Cost effectiveness of analysis of screening adolescent males for *Chlamydia* on admission to detention. Sexually Transmitted Diseases, 31 (2): 85-95.
3. Monroe KW, Weiss HL, Jones M, Hooken EW 3rd. (2003). Acceptability of urine screening for *Neisseria gonorrhoea* and *Chlamydia trachomatis* in adolescents at an urban emergency department. Sexually Transmitted Diseases, 30 (11): 850-3.
4. Johnson RE, Green TA, Schachter J, Jones RB, Hook EW 3rd, Black, CM, Martin DH, St. Louis, ME, Stamm WE. (2000). Evaluation of NAATs as reference tests for *Chlamydia trachomatis* infections in asymptomatic men. J Clin Microbiol, 38: 4382-86.
5. AAP Committee on Practice and Ambulatory Medicine. Recommendations for preventive pediatric health care. Pediatrics, (2000), 105: 645-6.
6. U.S. Preventive Services Task Force; *Guide to clinical preventive services*, 2nd ed. (1996). Washington D.C.: Office of Disease Prevention and Health Promotion.
7. Green, M., (2000) Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents (2nd ed.). Arlington, VA: National Center for Education in Maternal and Child Health. . [On-line], available: <http://www.brightfutures.org/hcresources/HCperiodicity.pdf>. Accessed March 2, 2007.