

AAP outlines appropriate pediatric nephrology testing

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outpatient hypertension work-up prior to repeating [blood pressure measurement](#). Due to goals of avoiding adverse events, preserving long-term vascular access, and avoiding unnecessary and costly procedures, central lines or peripherally inserted central lines should not be placed in pediatric patients with advanced chronic kidney disease/end-stage renal disease without consultation with [pediatric nephrology](#).

"Sometimes parents or physicians want to ensure all available testing is done, but unnecessary testing can create more fear, cost, and risk for children. Good communication and discussion of options can help reduce the likelihood of unnecessary testing," Doug Silverstein, M.D., chairperson of the AAP Section on Nephrology, said in a statement.

More information: [More Information](#)

(HealthDay)—As part of the Choosing Wisely campaign, a list of specific nephrology tests and procedures that are commonly ordered but not always needed when treating children for kidney-related conditions has been released by the American Academy of Pediatrics (AAP).

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After careful review and analysis, five evidence-based recommendations were developed for tests and procedures that physicians and [patients](#) should question.

According to the report, the recommendations include not ordering routine screening urine analyses in healthy, asymptomatic pediatric patients as part of routine well-child care and not ordering workup for hematuria or proteinuria before repetition of a urine dipstick analysis that is abnormal. Follow-up urine cultures should be avoided after treatment for an uncomplicated urinary tract infection in patients with evidence of clinical resolution of infection. Asymptomatic pediatric patients should not be scheduled for an

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