

# Discharge Pathway for Henoch-Schonlein Purpura under 16 Years Old

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## INTRODUCTION

- Henoch-Schonlein purpura (HSP) is an IgA-mediated autoimmune hypersensitivity vasculitis of childhood (1).
- 90% of cases occur in childhood under the age of 10 years (2).
- Hence, it is important for children with HSP to be reviewed and followed up to detect any persistent or progressive symptoms such as renal damage (1).

## AIM

The objectives of this audit were to evaluate the compliance of discharge pathway for HSP under 16 years old in Scarborough General Hospital with Leeds Teaching Hospital guidelines on discharge pathway of HSP (3).

## METHOD

A retrospective data collection of patients admitted to Rainbow ward in Scarborough Hospital from 1st January 2021 to 31st December 2022 was performed to assess the compliance of discharge pathway for HSP under 16 years old. There was a total number of 16 children. Data was recorded and analysed using Microsoft Excel.

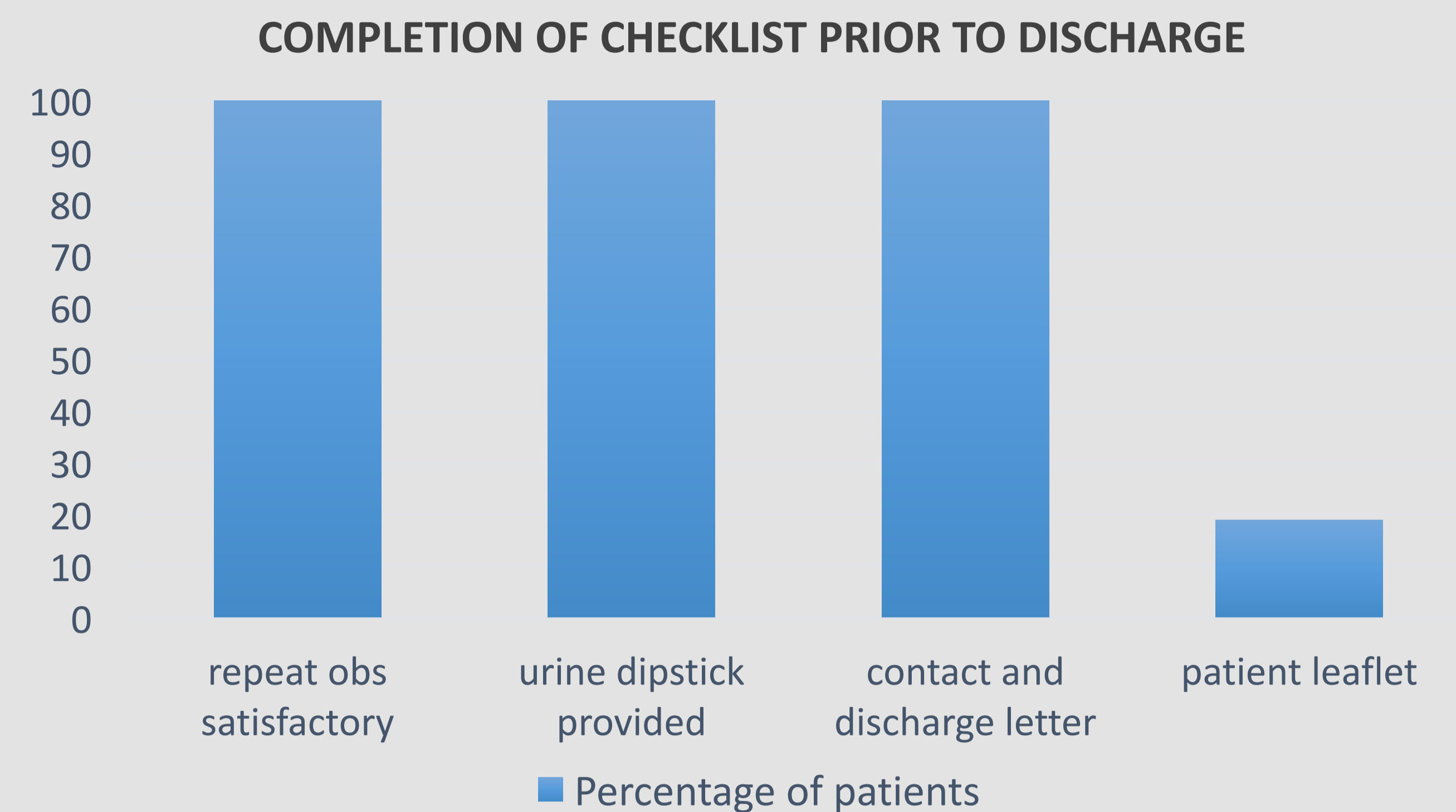
## STANDARDS

- To complete discharge checklist: repeat observation satisfactory, provide urine dipstick, contact information of the ward, discharge letter and patient leaflet.
- First follow up in 3-4 weeks post discharge
- After the first follow up, if proteinuria  $\leq 1+$ , clinic review to take place at 1, 3 and 6 months; if proteinuria  $>1+$ , monthly review for 6 months
- To carry out secondary investigation and refer to renal team if urine PCR  $>100$  OR rapidly increase urine PCR  $<100$  OR abnormal U&Es/hypertension

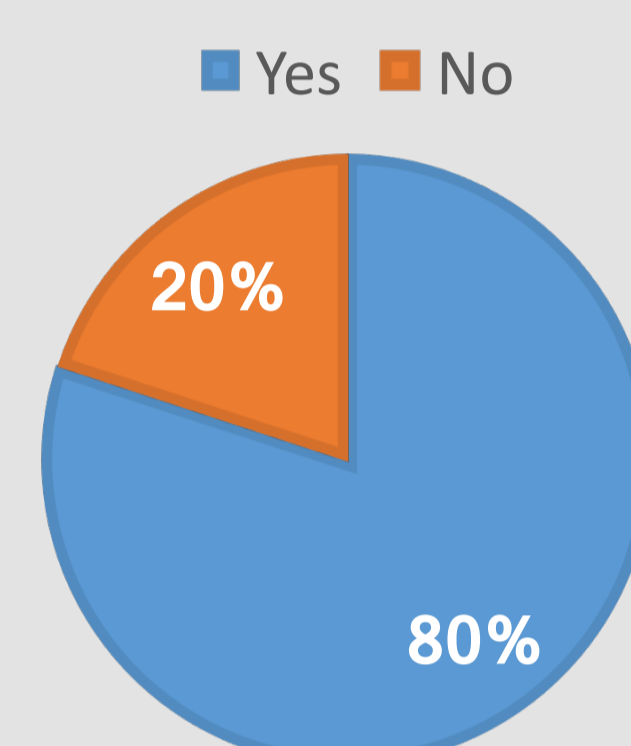
Secondary investigation includes:

- Anti-streptococcal titre (ASOT)
- Antinuclear antibody (ANA)
- Anti-neutrophil cytoplasmic antibody (ANCA)
- Complement C3, C4
- FBC
- Clotting
- ESR
- CRP
- Immunoglobulin profile

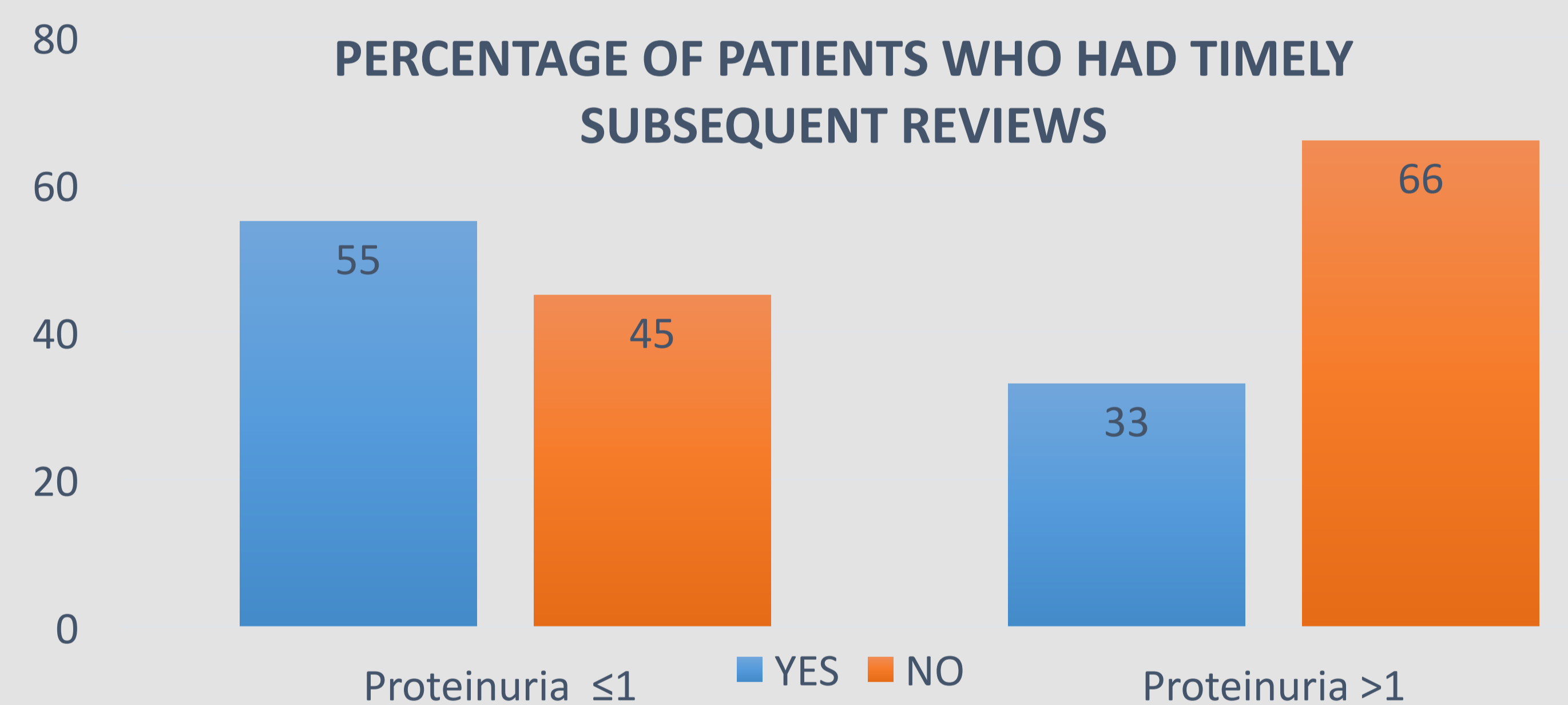
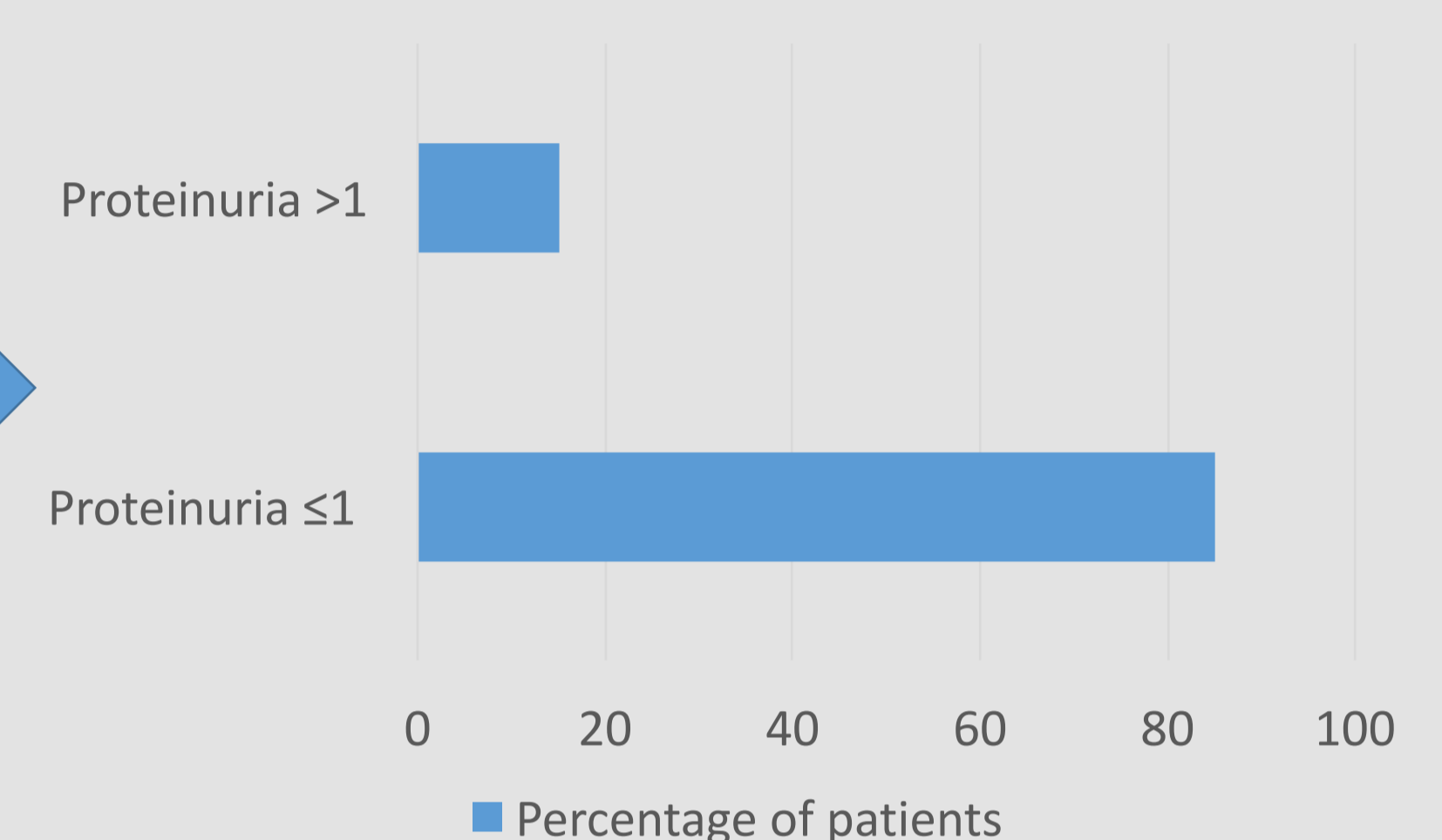
## RESULT



**REVIEW IN 3-4 WEEKS POST-DISCHARGE**



**LEVEL OF PROTEINURIA**



- 100% of children were referred for secondary investigation and to the renal team as they had urine PCR  $>100$  or rapidly increasing PCR  $<100$  or abnormal U&Es or hypertension.

## CONCLUSION

- Most of the pre-discharge checklists were completed except for providing patients or carers with advice leaflets.
- The percentage of initial review post-discharge was satisfactory but subsequent clinic follow-ups were poor.
- Further interventions such as creating a local patient information leaflet (4) and workbook as well as a local guideline, were implemented.

## REFERENCES

1. Salama A. IgA vasculitis (Henoch-Schönlein purpura). 2019 [cited 2023 Oct 26]. Available from: <https://www.vasculitis.org.uk/about-vasculitis/henoch-schonlein-purpura>
2. Chen P, Zhu X, Ren P, Wang Y, Sun R, Wei D. Henoch Schonlein Purpura in children: Clinical analysis of 120 cases. African Health Sciences. 2013;13(1). doi:10.4314/ahs.v13i1.26
3. Henoch-Schonlein Purpura in Patients Under 16 Years. Leeds Teaching Hospitals NHS Trust; 2003 [cited 2023 Oct 26]. Available from: <http://www.lhp.leedsth.nhs.uk/detail.aspx?id=227>
4. Henoch Schönlein Purpura (HSP). Great Ormond Street Hospital for Children NHS Foundation Trust; 2019 [cited 2023 Oct 26]. Available from: <https://www.gosh.nhs.uk/conditions-and-treatments/conditions-we-treat/henoch-schonlein-purpura-hsp/>