		specimen	
Presence of casts	Occasional	Granular casts Cellular casts WBC RBC Hyaline casts	Tubular or glomerular disorders Degenerative process in advanced renal disease Pyelonephritis Glomerulonephritis Proteinuria; usually transient

ADH, Antidiuretic hormone; *AKI,* acute kidney injury; *RBC,* red blood cell; *UTI,* urinary tract infection; *WBC,* white blood cell.

TABLE 26-3

Blood Tests of Renal Function

Test	Normal Range (mg/dl)	Deviations	Significance of Deviations
BUN	Newborn: 4 to 18 Infant, child: 5 to 18	Elevated	Renal disease: Acute or chronic (the higher the BUN, the more severe the disease) Increased protein catabolism Dehydration Hemorrhage High protein intake Corticosteroid therapy
Uric acid	Child: 2.0 to 5.5	Increased	Severe renal disease
Creatinine	Infant: 0.2 to 0.4 Child: 0.3 to 0.7 Adolescent: 0.5 to 1.0	Increased	Renal impairment

BUN, Blood urea nitrogen.

Nursing Care Management

Nursing responsibilities in the assessment of genitourinary disorders or diseases begin with observation of the child for any manifestations that might indicate dysfunction. Many conditions have specific characteristics that distinguish them from other disorders. These are discussed as appropriate throughout the chapter.

The nurse is generally the one who is responsible for preparing infants, children, and parents for tests and for collection of urine and (sometimes) blood specimens for observation and laboratory analysis (see Preparation for Diagnostic and Therapeutic Procedures, and Collection of Specimens, Chapter 20). An important nursing responsibility is to maintain careful intake and