

Urine colour chart

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Colours are illustrative and vary between screens and printers. This chart does not provide a diagnosis.

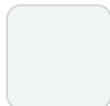
Hydration scale



1–3: Well hydrated

4–5: Drink a little more

6–8: You may be dehydrated, drink water now



Colourless, clear as water

Normal

You may be drinking more than you need.

Drinking large amounts of water or other fluids · Water tablets (diuretics), caffeine and alcohol · Constantly large amounts of colourless urine without drinking much: diabetes, diabetes insipidus or kidney problems



Pale straw

Normal

You are drinking enough.

The usual colour when you drink enough · The colour comes from a natural pigment in urine (urochrome)



Transparent yellow

Normal

Normal.

Normal fluid intake · Supplements containing B vitamins (especially riboflavin) can turn urine bright, neon yellow; this is harmless



Dark yellow / amber

Drink more water

Your body needs more water.

Not drinking enough, hot weather, sweating, exercise · The first urine of the morning (concentrated overnight) · Fluid loss from fever, vomiting or diarrhoea · If it does not clear despite drinking plenty: liver or bile duct problems (bilirubin)



Honey, brown or cola-coloured

See a urologist promptly

May be severe dehydration, liver disease, muscle breakdown or blood.

Severe dehydration · Liver and bile duct disease (bilirubin): may come with jaundice and pale stools · Rhabdomyolysis: muscle breakdown after extreme exercise, a crush injury or some medicines, with muscle pain and weakness · Old blood in the urine and some forms of kidney inflammation · Broad (fava) beans, rhubarb, aloe · Some medicines: metronidazole, nitrofurantoin, chloroquine, primaquine, methocarbamol, senna laxatives



Orange

See a doctor if it persists

Dehydration, some medicines or a liver problem.

Not drinking enough · Medicines: rifampicin, phenazopyridine, sulfasalazine, some chemotherapy drugs · Large amounts of carrots or vitamin C supplements · Liver or bile duct problems, especially with pale stools



Pink / red

See a urologist promptly

May be blood: a urologist should check it even if painless.

Blood in the urine (haematuria): urinary tract infection, kidney or bladder stones, enlarged prostate, bladder or kidney tumours, strenuous exercise · Beetroot, blackberries, rhubarb · Medicines: rifampicin, phenazopyridine, senna laxatives · Menstrual blood mixing with urine



Blue / green

See a doctor if it persists

Usually caused by dyes or medicines.

Food colourings · Methylene blue, used in some tests and medicines · Medicines: amitriptyline, indometacin, cimetidine; propofol, an anaesthetic given in hospital · Rarely, a urinary tract infection caused by Pseudomonas bacteria



Cloudy / milky

See a doctor if it persists

May be infection, crystals or stones.

Urinary tract infection: may come with burning, frequency and a strong smell · Phosphate crystals after meals (harmless) · Not drinking enough, kidney stones · Vaginal discharge or sexually transmitted infections · Semen in the urine after ejaculation (retrograde ejaculation, for example after prostate surgery)



Foamy

See a doctor if it persists

Persistent foam may mean protein in the urine.

A strong stream or full bladder (the foam soon disappears; normal) · Concentrated urine · Protein in the urine (proteinuria): kidney disease, diabetes, high blood pressure · Semen in the urine with retrograde ejaculation

When should I see a doctor straight away?

- Clots in the urine, or bleeding with inability to pass urine
- Red or brown urine with fever, shivering or pain in your side
- Cola-coloured urine with muscle pain after strenuous exercise or an injury
- Dark urine with yellowing of the eyes or skin
- Very little urine despite drinking, with dizziness or confusion