The US Children’s Nephrotic Syndrome Consensus recently published a children’s primary nephrotic syndrome clinical guideline in journal Pediatrics Aug 2009. Their recommendations will be examined in line with our National Paediatric Protocol. Definitive therapy for idiopathic nephrotic syndrome in children is still a trial of steroid at first presentation. Only children who have atypical presentation of nephrotic syndrome or those resistant to a trial of steroid therapy are subjected to renal biopsy. The rational approach to steroid therapy for different presentations of idiopathic nephrotic syndrome (initial presentation, infrequent relapse, frequently relapsing, steroid dependent) and the role of secondary alternatives like alkylating agents, calcineurin inhibitor, levamisole and mycophenolate mofetil will be discussed. The complications of nephrotic syndrome are associated with disease activity and therapy and include infections (a important cause of mortality), thromboembolism, obesity and short stature, acute renal failure, dyslipidemia. Symptomatic management include adequate management of oedema , hypertension and the complications of nephrotic syndrome. Older studies on long-term outcome of children with idiopathic nephrotic syndrome suggested > 90% of children achieve long-term remission without further relapses by puberty. However, this has recently been challenged by surveys indicating a rate of relapse during adulthood as high as 27-42%.