

Common Urinary Histories

Presenting complaint	Exploding symptom	Relevant system reviews	Commonest differentials		Clues to differential
			Grouping	Differentials	
Frequency/dysuria/nocturia	<u>Timing</u> <ul style="list-style-type: none"> When started Acute/ gradual onset Duration Progression Intermittent or continuous <u>Urination</u> <ul style="list-style-type: none"> Try to quantify urinary volume and frequency Any catheter 	<u>General</u> <ul style="list-style-type: none"> Fever, sweats <u>Urological</u> <ul style="list-style-type: none"> <i>Storage</i>: frequency, volume, urgency, nocturia <i>Infection</i>: dysuria, haematuria <i>Prostatic/voiding (if male)</i>: hesitancy, poor flow/dribbling, feeling of incomplete emptying 	Urological	Cystitis Urethritis Pyelonephritis Benign prostatic hyperplasia	<ul style="list-style-type: none"> Dysuria ("burning pain on urination") Frequency and urgency Dysuria Purulent urethral discharge Dysuria Loin pain Fever/chills/rigors Vomiting Poor flow and terminal dribbling Hesitancy Overflow incontinence Elderly male
			Other differentials	Anxiety Detrusor instability Bladder/ lower urethral calculus Prostatitis Pregnancy Drugs (e.g. diuretics)	
Haematuria	<u>Timing</u> <ul style="list-style-type: none"> When started Acute/ gradual onset Duration Progression Intermittent or continuous <u>Haematuria</u> <ul style="list-style-type: none"> Try to quantify bleeding Thick blood or discoloured urine Any catheter <i>Anaemia symptoms</i>: tiredness, breathlessness on exertion 	<u>General</u> <ul style="list-style-type: none"> Fever, sweats, rashes, joint pain/swelling <u>Urological</u> <ul style="list-style-type: none"> <i>Storage</i>: frequency, volume, urgency, nocturia <i>Infection</i>: dysuria <i>Prostatic/voiding (if male)</i>: hesitancy, poor flow/dribbling, feeling of incomplete emptying 	Urological	Bladder transitional cell carcinoma Urethral trauma e.g. by catheter UTI Urethritis Calculi	<ul style="list-style-type: none"> Painless haematuria History of aromatic amine exposure (e.g. dye washers, painters, decorators) History of catheter use or trauma Frequency/dysuria/urgency Dysuria Purulent urethral discharge Loin to groin pain
			Other differentials	<u>Urological</u> Glomerulonephritis Benign prostatic hyperplasia/ prostate cancer Renal cell carcinoma Polycystic kidney disease Schistosomiasis Renal TB <u>Misc</u> Haematological e.g. anticoagulation, sickle cell, coagulation disorders Strenuous exercise Infective endocarditis Drugs (e.g. sulphonamides, cyclophosphamide, NSAIDs) Menstruation	
Polyuria	<u>Timing</u> <ul style="list-style-type: none"> When started Acute/ gradual onset Duration Progression Intermittent or continuous <u>Polyuria</u> <ul style="list-style-type: none"> Try to quantify urinary volume and frequency Try to quantify fluid intake Other symptoms 	<u>General</u> <ul style="list-style-type: none"> Fever, sweats, malaise, rashes, joint pain/swelling <u>Urological</u> <ul style="list-style-type: none"> <i>Storage</i>: urgency, nocturia <i>Infection</i>: dysuria, haematuria <i>Prostatic/voiding (if male)</i>: hesitancy, poor flow/dribbling, feeling of incomplete emptying 	Endocrine	Diabetes mellitus Diabetes insipidus	<ul style="list-style-type: none"> Polydipsia/ thirst Polyuria Weight loss and tiredness Visual disturbance Polydipsia/ thirst Polyuria
			Urological	Chronic kidney disease	
Incontinence	<u>Timing</u> <ul style="list-style-type: none"> When started Acute/ gradual onset Duration Progression Intermittent or continuous <u>Incontinence</u> <ul style="list-style-type: none"> Pattern of incontinence e.g. loss with effort or no control at all Can they feel when they need to urinate Try to quantify urinary volume and frequency Bowel habit (any constipation?) 	<u>Urological</u> <ul style="list-style-type: none"> <i>Storage</i>: frequency, volume, urgency, nocturia <i>Infection</i>: dysuria, haematuria <i>Prostatic/voiding (if male)</i>: hesitancy, poor flow/dribbling, feeling of incomplete emptying 	Stress incontinence	<ul style="list-style-type: none"> Incompetent sphincter 	<ul style="list-style-type: none"> Small losses with effort e.g. coughing, bending, exertion Risk factors: multiple pregnancies, post-menopause
			Urge incontinence	<ul style="list-style-type: none"> Detrusor instability (e.g. idiopathic, cystitis, stone) Hyperreflexia (e.g. MS, CVA, spinal cord injury) 	
Incontinence	<u>Timing</u> <ul style="list-style-type: none"> When started Acute/ gradual onset Duration Progression Intermittent or continuous <u>Incontinence</u> <ul style="list-style-type: none"> Pattern of incontinence e.g. loss with effort or no control at all Can they feel when they need to urinate Try to quantify urinary volume and frequency Bowel habit (any constipation?) 	<u>Urological</u> <ul style="list-style-type: none"> <i>Storage</i>: frequency, volume, urgency, nocturia <i>Infection</i>: dysuria, haematuria <i>Prostatic/voiding (if male)</i>: hesitancy, poor flow/dribbling, feeling of incomplete emptying 	Overflow incontinence	<ul style="list-style-type: none"> Prostatic hypertrophy Stricture or stone 	<ul style="list-style-type: none"> Dribbling & poor stream Hesitancy Elderly male or history of obstruction
			True incontinence	<ul style="list-style-type: none"> Fistula between bladder and vagina or urethra 	
Incontinence	<u>Timing</u> <ul style="list-style-type: none"> When started Acute/ gradual onset Duration Progression Intermittent or continuous <u>Incontinence</u> <ul style="list-style-type: none"> Pattern of incontinence e.g. loss with effort or no control at all Can they feel when they need to urinate Try to quantify urinary volume and frequency Bowel habit (any constipation?) 	<u>Urological</u> <ul style="list-style-type: none"> <i>Storage</i>: frequency, volume, urgency, nocturia <i>Infection</i>: dysuria, haematuria <i>Prostatic/voiding (if male)</i>: hesitancy, poor flow/dribbling, feeling of incomplete emptying 	Mixed incontinence	-	<ul style="list-style-type: none"> Mix of above types
			Other differentials	Post-prostatectomy or other pelvic surgery Bladder stone/ tumour Fistula Post-pelvic fracture Psychogenic	

Retention	<u>Timing</u> •When started •Acute/ gradual onset •Duration •Progression •Intermittent or continuous <u>Retention</u> •Any constipation	<u>Urological</u> • <i>Storage</i> : frequency, volume, urgency, nocturia • <i>Infection</i> : dysuria, haematuria • <i>Prostatic/voiding (if male)</i> : hesitancy, poor flow/dribbling, feeling of incomplete emptying	Urological	Prostatic hypertrophy	•History of hesitancy, poor flow and terminal dribbling •Elderly male
			Urethral stricture	•History of trauma or recurrent catheterisation	
			Bladder neck obstruction (e.g. tumour, calculus)	•May be haematuria	
			UTI	•Dysuria	
			Other differentials	<u>Urinary</u> Constipation (common) Prostatitis Pelvic mass Genital herpes Clot retention (after bleed e.g. from tumour) Phimosis <u>Neurological</u> MS Spinal cord compression <u>Drugs</u> Anticholinergic drugs	