

Clinical Assessment Checklist for Lower Urinary Tract Symptoms (LUTs)

Action: All patients who present with LUTs will have a clinical assessment checklist completed.

Responsibility: Within 2 days of admission, the nurse-in-charge will ensure that the checklist is in place and active.

Quality of life (ask the patient):

How much do your symptoms bother you? (√)

not at all a little moderately a lot

Assessment criteria	Action/comment	Date/Time/Print Name/Signature
Urine test (Dipstick)		
Bladder diary (minimum of 24 hours)		
Post-void urine measurement		
Medication review		
Functional status		
Does the patient have a diagnosis of dementia?	Yes <input type="checkbox"/> if yes, consider toileting programmes No <input type="checkbox"/>	
Symptom profile (both men and women) 1-6 stress urinary incontinence 7-12 overactive bladder 13-19 voiding dysfunction		
Prostate score for men (complete if symptom profile indicates 13-19 voiding dysfunction) 0-7 mildly symptomatic 8-19 moderately symptomatic 20-35 severely symptomatic	Score:	

Consider a physical examination if deemed clinically appropriate for the patient (in discussion with the GP).

Physical examination (by the GP)	Action/comment	Date/Time/Print Name/Signature
Rectal exam (check for constipation; faecal incontinence; voiding difficulty; post-void residual urine; prostate size in men)		
Vaginal exam (check for pelvic floor contraction; prolapse; urogenital atrophy)		
Abdominal examination		

Follow-up investigations:

Red Flags – refer to secondary care

Invisible (via dipstick) or visible blood in urine (50yrs+); recurrent UTI with blood in urine (40yrs+); suspected mass in the abdomen; severe prolapse below vaginal entrance; neurological disease; congenital abnormalities and palpable bladder

Problem identified (tick or state type/cause of urinary symptoms)

Stress urinary incontinence (leakage on effort/exertion) (scores 1-6 on symptom profile)	
Overactive bladder (urgency, frequency & nocturia with or without incontinence) (scores 7-12 on symptom profile)	
Urgency incontinence (leakage preceded by urgency)	
Mixed incontinence (co-existing stress and urgency incontinence)	
Urinary tract infection	
Voiding difficulty (hesitancy, straining, intermittent stream, post-void residual urine) (scores 13-19 on symptom profile)	
Passive leakage (patient unaware, includes overflow)	
Urogenital atrophy (sore vagina)	
Pelvic organ prolapse	
Functional (unable or unwilling to use the toilet)	
Other (please state)	

Triggers for referral:

Red flags – referral to secondary care

Complexity or failure to respond to treatment – discussion with and/or referral to Bladder and Bowel Specialist Service (not for pad provision)

Agree goal/s with patient/carer

<p>Agree goal/s with patient/carer</p>

Intervention	Tick when completed
Care plan completed	
Care plan discussed with patient and carer	
Copy of care plan given to patient and carer	

<p>Clinician (Please PRINT name)..... (signing off the completed assessment checklist)</p> <p>Signature.....Date.....Time.....</p>
<p>Patient /Carer</p> <p>Signature.....Date.....Time.....</p>

Symptom Profile

Patient Label

Date

Please read through all the statements before ticking those most relevant. Feel free to add any comments.

1) I leak when I laugh, cough, sneeze, run or jump	
2) I only ever leak a little urine	
3) At night, I only use the toilet once or not at all	
4) I always know when I have leaked	
5) I leak without feeling the need to empty my bladder	
6) Only my pants get wet when I leak	
1-6 suggests stress urinary incontinence	
7) I feel a sudden strong urge to pass urine and have to go quickly	
8) I feel a strong uncontrolled need to pass urine prior to leaking	
9) I leak moderate or large amounts before I reach the toilet	
10) I feel that I pass urine frequently	
11) I get up at night to pass urine at least twice	
12) I think I had bladder problems as a child	
7-12 suggests overactive bladder	
13) I find it hard to start to pass urine	
14) I have to push or strain to pass urine	
15) My urine flow stops and starts several times	
16) My urine stream is weaker than it used to be	
17) I feel that it takes me a long time to empty my bladder	
18) I feel as if my bladder is not completely empty after I have been to the toilet	
19) I leak a few drops of urine on to my underwear just after I have passed urine	
13-19 suggests voiding dysfunction ; consider completing prostate score for men	

Acknowledgement to the Continence Care Pathway Development Group, Basingstoke who gave permission to use this tool

Observed Symptom Profile

Patient Label

Date:

Please read through all the statements before ticking those most relevant. Feel free to add any comments.

1) Leakage observed on movement, cough or physical activity	
2) Leakage occurs with the need to visit the toilet	
1-6 suggests stress urinary incontinence	
3) Leakage occurs when there is a sudden strong urge to pass urine and have to go quickly	
4) There is a need to visit the toilet frequency	
5) There is a need to visit the toilet in a hurry	
6) Needing to get up more than once a night to pass urine	
7-12 suggests overactive bladder	
7) The person finds it hard to start to pass urine	
8) They have to push or strain to pass urine	
9) Urine flow stops and starts several times	
10) They don't feel relieved after passing urine	
11) Leakage occurs just after the person has passed urine	
13-19 suggests voiding dysfunction; consider completing prostate score for men	

Completed by (signature and print name)

Date:

IPSS - International prostate symptom score

Name:

Date:

	Not at all	Less than 1 time in 5	Less than half the	About half the time	More than half the	Almost always	Your score
Incomplete emptying Over the past month, how often have you had a sensation of not emptying your bladder completely after you finish urinating?	0	1	2	3	4	5	
Frequency Over the past month, how often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5	
Intermittency Over the past month, how often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5	
Urgency Over the last month, how difficult have you found it to postpone urination?	0	1	2	3	4	5	
Weak stream Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5	
Straining Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5	

	None	1 time	2 times	3 times	4 times	5 times or more	Your score
Nocturia Over the past month, many times did you most typically get up to urinate from the time you went to bed until the time you got up in the morning?	0	1	2	3	4	5	

Total IPSS score	
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Quality of life due to urinary symptoms	Delighted	Pleased	Mostly satisfied	Mixed – about equally satisfied and dissatisfied	Mostly dissatisfied	Unhappy	Terrible
If you were to spend the rest of your life with your urinary condition the way it is now, how would you feel about that?	0	1	2	3	4	5	6

Total score: 0-7 Mildly symptomatic; 8-19 moderately symptomatic; 20-35 severely symptomatic.

