

Tutorial for Evaluation of Lower Urinary Tract Symptoms in the Male (LUTS)

One of the most frequent complaints men have as they get older is urgency, dribbling, nocturia or frequency associated with not emptying their bladder completely. This is very often associated with benign prostate hypertrophy which is a progressive diseases.

The European Association of Urology has recommended the following steps in evaluating the adult male with lower urinary symptoms:

- complete medical history
- physical examination including digital rectal examination (DRE)
- symptom assessment with the International Prostate Symptom Score (IPSS) questionnaire
- PSA measurement
- creatinine measurement
- urinalysis
- uroflowmetry
- measurement of postvoid residual volume via transabdominal ultrasonography

To improve our consistency in evaluating LUTS, we have created an auditing tool which is entitled Audit for Lower Urinary Tract Symptoms (LUTS). The following steps guide you in the use of this tool.

You will find the Audit tool on the Physical Examination template for the Male Urogenital System. This audit tool is found just above the calculation of the PSA Velocity which we have discussed elsewhere.

Male Genitourinary

Pubic Hair	<input type="checkbox"/>	Normal		
Foreskin	<input type="checkbox"/>	Normal		
Glans	<input type="checkbox"/>	Normal		
Penis	<input type="checkbox"/>	Normal		
Urethra	<input type="checkbox"/>	Normal		
Scrotum	<input type="checkbox"/>	Normal		
Lymph Nodes	<input type="checkbox"/>	Normal		
Inguinal Canal	<input type="checkbox"/>	Normal		
Testes	<input type="checkbox"/>	Normal		
Prostate	<input type="checkbox"/>	Normal		

Foley Catheter ☐ Yes ☐ No

LUTS Evaluation Audit

Lower Urinary Tract Symptoms

PSA Velocity

Inconclusive data.

Patient has too few PSA vales to calculate velocity.

Date of Last Biopsy Referral / /

Comments

OK

Cancel

When you depress the button entitled LUTS Evaluation Audit, you will launch the following template.

Audit for Lower Urinary Tract Symptoms (LUTS) Evaluation

Please select the most pertinent diagnosis for this patient...

☐ Nocturia ☐ Urinary Incontinence ☐ Difficulty Urinating ☐ BPH

Has the patient had a complete medical history documented?

No

Click to Update/Review

Has the patient had a physical examination included a digital rectal exam?

No

Click to Update/Review

Has the patient completed a IPSS questionnaire?

No

Click to Update/Review

Has the patient had a PSA measurement within the last year?

No

Click to Order

Date of Last Test

Has the patient had a creatinine test within the last year?

No

Click to Order

Date of Last Test

Has the patient had a urinalysis test within the last year?

No

Click to Order

Date of Last Test

Has the patient had referral for uroflowmetry within the last year?

No

Add Referral Below

Has the patient had a referral for measurement of postvoidal residual volume via transabdominal ultrasonography with the last year?

No

Add Referral Below

Referrals (Double-click to Add/Edit)

Status	Priority	Referral	Referring Provider
Completed	Routine	Test	Abbas

OK

Cancel

This tool audits the performance of the eight element of the proper evaluation of Lower Urinary Tract Symptoms in the male. As with other audit tools, if the element is red, with a “No” in the box, that element has not been fulfilled. If you depress the button next to that element which is entitled “Click to update/review,” you will be directed to the place in the record where that element can be documented. If the element is black with a “Yes” in the box then that element has been met.

The last two elements require a referral to be completed for either a uroflowmetry and/or post-voiding transabdominal ultrasound to be performed. If you click in the Referral template, that will launch the referral template. You will complete the referral template as usual with these two elements being found in column one and column two.

*** Indicates procedures done in house**

Referrals Template

Patient: Richmond Ztest Date: 20090921 Company: Texan Plus Cla
 Date of Birth: 05/23/1974 Time: 2:29 PM Telephone: 8662302513
 Phone: Status: In Progress Policy #: 449313467

☐ Routine ☒ Immediate ☐ Stat
 Speciality Provider: Referring Provider: Referred To:

Dx: Notes:

Reason: [REDACTED]

PLEASE FILL OUT ALL FIELDS IN RED

[Unlock Notes](#)

Special Procedures <input type="checkbox"/> * Arterial Blood Gas <input type="checkbox"/> Audiogram <input type="checkbox"/> * Bladder Scan <input type="checkbox"/> * Bone Density <input type="checkbox"/> Bone Scan <input type="checkbox"/> Breast Biopsy (Stereo) <input type="checkbox"/> Bronchoscopy <input type="checkbox"/> * Colonoscopy <input type="checkbox"/> EEG <input type="checkbox"/> EGD <input type="checkbox"/> * EMG [REDACTED] <input type="checkbox"/> ENG <input type="checkbox"/> Eye Exam <input type="checkbox"/> Flex Sigmoidoscopy <input type="checkbox"/> HIDA Scan <input type="checkbox"/> IVP <input type="checkbox"/> Liver Biopsy <input type="checkbox"/> Mammogram <input type="checkbox"/> Mod. Barium Swallow <input type="checkbox"/> * Nerve Conduction Vel <input type="checkbox"/> [REDACTED] <input type="checkbox"/> * PFT <input type="checkbox"/> Postvoidal residual volume <input type="checkbox"/> Renal Scan	<input type="checkbox"/> * Segmental Pressures <input type="checkbox"/> * Thoracentesis <input type="checkbox"/> Thyroid Biopsy <input type="checkbox"/> Thyroid Scan <input type="checkbox"/> Sleep Studies - Altus <input type="checkbox"/> UGI <input type="checkbox"/> UGI w/Small Bowel Series <input type="checkbox"/> Uroflowmetry <input type="checkbox"/> V/Q Lung Scan Ultrasound/Sonogram <input type="checkbox"/> * Abdominal U/S <input type="checkbox"/> * Arterial Doppler Lower Extremity <input type="checkbox"/> Breast U/S <input type="checkbox"/> * Carotid Doppler <input type="checkbox"/> * Gallbladder U/S <input type="checkbox"/> Pelvic with Probe <input type="checkbox"/> * Renal U/S <input type="checkbox"/> * Renal Artery U/S <input type="checkbox"/> * Small Parts (Testicular, Thyroid) <input type="checkbox"/> * Venous Doppler, Lower Extremity <input type="checkbox"/> * MRA [REDACTED] <input type="checkbox"/> * MRI [REDACTED] <input type="checkbox"/> * CT [REDACTED] <input type="checkbox"/> Dye	Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Medical Nutrition Therapy Medical Home <input type="checkbox"/> Care Coordinator <input type="checkbox"/> Financial <input type="checkbox"/> Home Health <input type="checkbox"/> Hospice <input type="checkbox"/> Social Work Cardiac Procedures <input type="checkbox"/> Adenosine Cardiolite <input type="checkbox"/> * CPET <input type="checkbox"/> Dobutamine Echo <input type="checkbox"/> * Echocardiogram <input type="checkbox"/> * Holter Monitor <input type="checkbox"/> Stress Echo <input type="checkbox"/> * Stress Test <input type="checkbox"/> Stress Thallium <input type="checkbox"/> Ambulatory BP Monitoring	Common Referrals <input type="checkbox"/> Beaumont Bone and Joint <input type="checkbox"/> Dermatology - Dr. Vaughn <input type="checkbox"/> ENT - Dr. Duplan <input type="checkbox"/> General Surgery - Dr. Gonzales <input type="checkbox"/> Healy Urologic Clinic <input type="checkbox"/> Nephrology - Dr. Derderian <input type="checkbox"/> Orthopedics - Dr. Marrero <input type="checkbox"/> Podiatry - Dr. Carmack <input type="checkbox"/> Southeast Texas Cardiology <input type="checkbox"/> Southeast Texas Gastroenterology SETMA Referrals <input type="checkbox"/> Allergy <input type="checkbox"/> Cardiology <input type="checkbox"/> CHF <input type="checkbox"/> Coumadin <input type="checkbox"/> Diabetes Education <input type="checkbox"/> Endocrinology <input type="checkbox"/> Infectious Disease <input type="checkbox"/> Neurology <input type="checkbox"/> Ophthalmology <input type="checkbox"/> Rheumatology Other Specialist <input type="checkbox"/> [REDACTED] (If not in "Referred To" list) Other Referral <input type="checkbox"/> [REDACTED] Required only if no procedure indicated with checkboxes. <div style="text-align: right;"> Email Incomplete </div>
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Report:

☐ InfoRecvd ☐ RefCom

<< < [Clear for Add](#) [Delete](#) [Save](#) [Close](#) > >>

The third element of the eight is the completion of the International Prostate Symptom Score. That questionnaire is found on the Questionnaire Template which is found by depressing the button of that title in the Navigation button list to the right of your screen on the Master GP template. Once the score is calculated the results will be noted on the LUTS Audit right under the IPSS Element.

Once you complete these eight elements, a document will be created the contents of which will appear on your chart note.

International Prostate Symptom Score

Last Updated/Reviewed / /

Over the past month, how often have you had a sensation of not emptying your bladder completely after you finish urinating?

- ☐ Not at all ☐ Less than 1 in 5 ☐ Less than half the time ☐ About half the time ☐ More than half the time ☐ Almost always

Over the past month, how often have you to urinate again less than 2 hours after urinating?

- ☐ Not at all ☐ Less than 1 in 5 ☐ Less than half the time ☐ About half the time ☐ More than half the time ☐ Almost always

Over the past month, how often have you found you stopped and started again several times when you urinate?

- ☐ Not at all ☐ Less than 1 in 5 ☐ Less than half the time ☐ About half the time ☐ More than half the time ☐ Almost always

Over the past month, how often have you found it difficult to postpone urination?

- ☐ Not at all ☐ Less than 1 in 5 ☐ Less than half the time ☐ About half the time ☐ More than half the time ☐ Almost always

Over the past month, how often have you had a weak urinary stream?

- ☐ Not at all ☐ Less than 1 in 5 ☐ Less than half the time ☐ About half the time ☐ More than half the time ☐ Almost always

Over the past month, how often have you had to push or strain to begin urination?

- ☐ Not at all ☐ Less than 1 in 5 ☐ Less than half the time ☐ About half the time ☐ More than half the time ☐ Almost always

Over the past month, how many times did you most typically get up to urinate from the time you went to bed at night until you got up in the morning?

- ☐ Not at all ☐ Less than 1 in 5 ☐ Less than half the time ☐ About half the time ☐ More than half the time ☐ Almost Always

Symptom Score

OK

Cancel