

Urinary Incontinence Pocket Guide

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Resource Description: This document is a clinician pocket guide developed as part of the INTUIT-PC intervention for managing urinary incontinence (UI) in primary care. The pocket guide provides clinicians with a quick view of the UI treatment algorithm as well as descriptions of the clinical decision support tools also developed as part of this intervention. INTUIT-PC: A Practice-Based Intervention to Improve Care for a Diverse Population of Women with Urinary Incontinence is a multisite study funded by the Agency for Healthcare Research and Quality.

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Urinary Incontinence Management Pocket Guide

History

1. Focused History (determine whether stress, urge, or both symptoms are present)
2. Prior pharmacologic treatment
3. Symptom Severity (bother, pads per day, # of episodes)
4. Fluid Intake

Physical

5. Pelvic Exam (Assess Kegel strength, prolapse, vaginal atrophy)
6. Urinalysis (microhematuria? UTI?)

Plan

Stress Urinary Incontinence (Predominant)

7. Weight loss (if BMI > 25)
8. Pelvic floor exercises (Kegels) or refer to pelvic floor PT
9. Do *not* RX anticholinergic or beta 3 agonist

Urge Urinary Incontinence (Predominant)

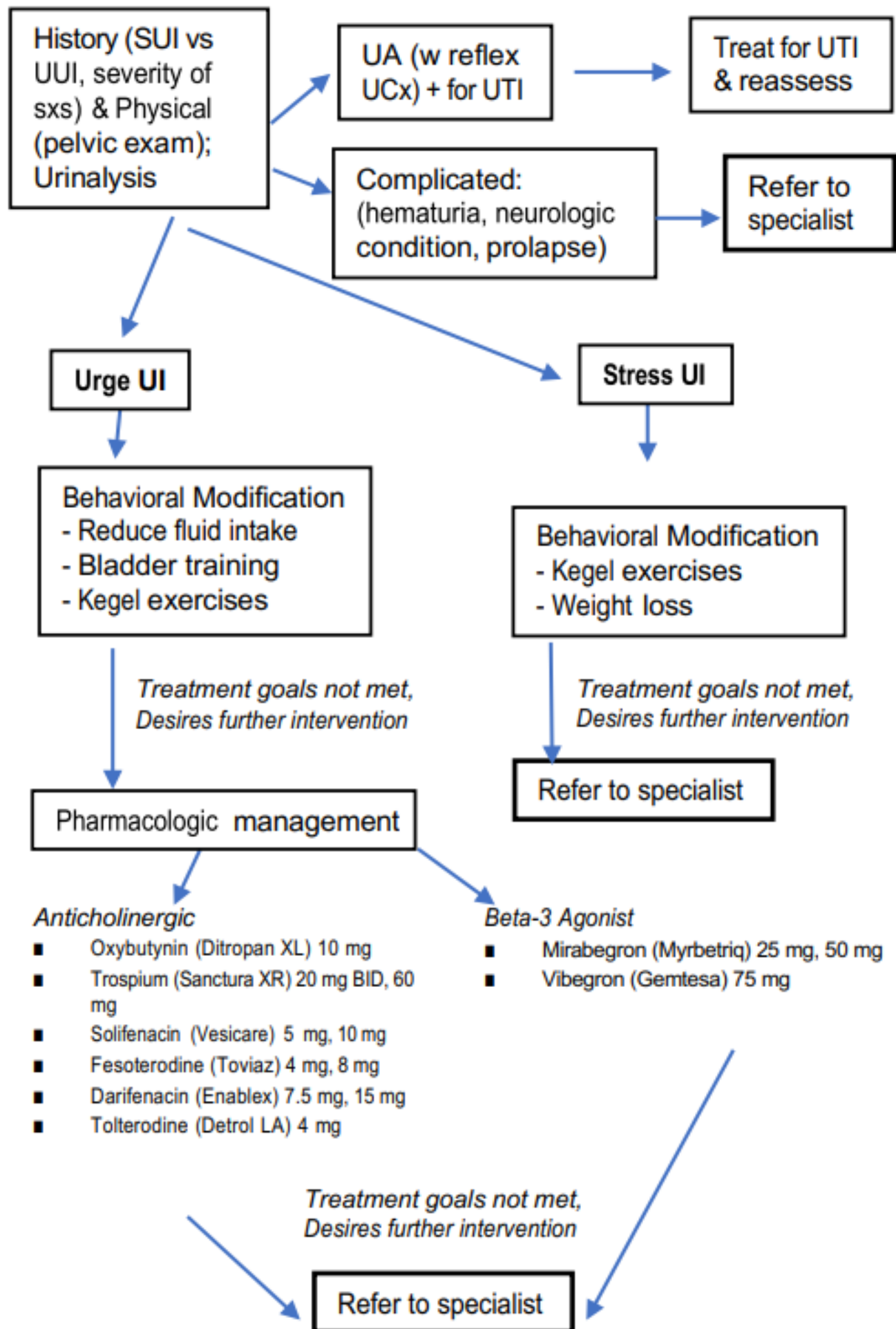
10. Behavioral Modification (fluid restriction, bladder training)
11. Pelvic floor exercises (Kegels) or refer to pelvic floor PT
12. Consider anticholinergic or beta 3 agonist
 - a) Start with lower dose, increase as tolerated
13. 3 month follow up if medication initiated

Mixed Urinary Incontinence

Treat predominant symptoms, consider combination of above.

Questions? Contact Dr. Jennifer Anger: janger@health.ucsd.edu

Urinary Incontinence Treatment Algorithm



Clinical Decision Support Tools

- a. A BPA will notify you if the patient is an enrolled, consented member of the INTUIT study. Please note the BPA will only display after the patient has checked in at the front desk of your clinic. So, for example, it will not fire when you are pre-charting.
- b. We have designed note templates for you that suggest the minimum information necessary. You can access the note template directly from the SmartSet (which will open a UI problem-focused note), or you may add the note template components (HPI, Physical Exam, A&P) to your existing templates via the following .dot-phrases:
 - a. **.INTUITSTUDYURINARYINCONTINENCEPROGNOTE**
 - b. **.INTUITSTUDYURINARYINCONTINENCEASSESSMENTPLAN**
 - c. **.INTUITSTUDYURINARYINCONTINENCEHPI**
 - d. **.INTUITSTUDYURINARYINCONTINENCEPHYSICALEXAM**
- c. The SmartSet is accessible from either the BPA, or you can open open the SmartSet from the usual location in the Plan navigator activity by searching for “INTUIT.”
- d. If you choose to send an NP/PA (APP Referral) or an E-referral to an INTUIT study physician to assist in the care of the patient, please make it clear by typing “Urinary Incontinence (INTUIT Study)” in the indication field, and clicking the relevant check-box in the order questions below the order (see powerpoint for details). Please note these order questions will not display for patients who are not participating in this research study.
- e. If you use the SmartSet to send the referral, then the indication information and check-box will be pre-filled out for you.
- f. If you are attempting to refer a patient, who is an enrolled/consented member of the study, to urology for non-urinary incontinence concerns, e.g. kidney mass. Please select the “Non-Intuit MD” checkbox in the referral to urology clinic order.