## **Dysfunctional Voiding Algorithm**



## COMMON CLINICAL PRESENTATIONS

- Urinary frequency or urgency
- Urine leakage during the day or night
- Infrequent urination
- Pain in the abdomen, flank or back
- Recurrent UTI's with or without fever
- Pain in the abdomen, pelvis, or flank

- Blood in the urine
- Constipation

## MAKING THE DIAGNOSIS

- Thorough medical and social history
- Physical exam including a spine check
- Consider UA, UCx, and/or serum creatinine
- Renal bladder ultrasound may be helpful
- Consider obtaining a KUB to assess for constipation

Most symptoms of dysfunctional voiding resolve with making the following behavioral changes:

- 1) Empty bladder frequently and completely
- Timed voiding every 2 hours (regardless of whether or not child senses the need to urinate). Helpful to set alarms.
- Double voiding "Count to ten and try again"
- 2) Recommend good hydration (6-8 glasses of water)
- Goal of achieving light yellow urine
- 3) Aggressively manage constipation
- Miralax recommended to achieve daily soft stools
- Consider need for bowel clean out
- 4) Avoid bladder irritants such as citrus, carbonated beverages, and caffeine

