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

Follow-up in 3-6 months

If symptoms have not improved, has the patient been following recommendations?

Refer to pediatric urology ← Yes

No → Review the above recommendations

Rev. 3.30.22