This assessment is based on best practice as of September 2009. For more information or to provide feedback on this or any other decision support tools, e-mail certifiedpractice@crnbc.ca

Genitourinary Assessment
The following assessment must be completed and documented.

ASSESSMENT

History of Present Illness and Review of System

General
The following characteristics of each symptom should be elicited and explored:
- Onset (sudden or gradual)
- Chronology
- Current situation (improving or deteriorating)
- Location
- Radiation
- Quality
- Timing (frequency, duration)
- Severity
- Precipitating and aggravating factors
- Relieving factors
- Associated symptoms
- Effects on daily activities
- Previous diagnosis of similar episodes
- Previous treatments
- Efficacy of previous treatments

Cardinal Signs and Symptoms
In addition to the general characteristics outlined above, additional characteristics of specific symptoms should be elicited, as follows.

Urinary System - Male and Female
- Frequency of urination
- Amount of urine (large or small)
- Urgency (client’s sense that he or she must void now, cannot wait)
- Dysuria and its timing during voiding (at beginning or end, throughout)
- Nocturia (new onset or increase in usual pattern)
- Urinary Retention
- Incontinence (including urge and stress)
- Change in colour and odour of urine
- Presence of stones or sediment in the urine
- Hematuria
- Pain in costovertebral angle, flank or abdomen
- Suprapubic pain
- Perineal, genital, groin or low-back pain
- Painful intercourse
• Sexual history and practices, including risk behaviours and contraception (unprotected oral, anal or vaginal intercourse, multiple partners)
• History of STIs including hepatitis B and HIV
• Enlarged, painful nodes (axilla, groin)
• Recent antibiotic or steroid use

**Male-specific GU related symptoms**
• Difficulty in starting or stopping urinary stream
• Voluntary bearing down (straining) to urinate
• Nature of stream (speed, strength, volume)
• Post-void dribbling or post-void fullness
• Discharge from penis, itching
• Lesions on the external genitalia
• Genital, groin, suprapubic or low-back pain
• Testicular pain or swelling
• Torsion of the testes
• Testicular self exam (frequency regularity)
• History of hydrocele, epididymitis, prostatism, varicocele, hernia, undescended testis, spermatocele, recent vasectomy, erectile dysfunction

**Other Associated Symptoms**
• Fever, chills, rigors, malaise
• Nausea, vomiting
• Diarrhea, constipation
• Decrease in appetite
• Change in sleep pattern
• Weight loss

**Female-specific GU related symptoms**
• Urinary symptoms, (pain, burning, malaise, abdominal pain, back pain, fever)
• Urethral discharge
• Menstrual History (menarche, interval, regularity, duration and amount of flow, dysmenorrhea)
• Date of most recent menstrual period (normal)
• Premenstrual symptoms (swelling, headache, mood swings, pain)
• Abnormal uterine bleeding
• Symptoms of menopause
• Age at menopause
• Postmenopausal bleeding
• Obstetric History: Gravida, Term, Para, Abortion, Live, (GTPAL) difficulties with pregnancies, deliveries
• Infertility
• Post coital bleeding
• Vaginal discharge (onset, colour, odour, consistency, quantity)
• Sense of pelvic relaxation (pelvic organs feel as though they are falling down or out)
• Lesions or persistent ulcerations to the external genitalia
Other Associated Symptoms
- Fever, chills, rigors, malaise
- Nausea, vomiting
- Diarrhea, constipation

Medical History (Specific to Genitourinary System)
- Cystitis, pyelonephritis
- Renal disease
- Congenital structural abnormalities in the genitourinary tract
- Renal stones
- Recent onset of or increase in sexual activity
- Recent GU tract instrumentation (e.g., catheter, urethral dilatation, cystoscopy, colposcopy)
- Recent gynaecological procedures
- Menopause (with no hormone replacement therapy)
- Diabetes mellitus
- Immuno-compromise
- Sexually transmitted infections
- Pelvic inflammatory disease
- Human papilloma virus
- Sexual abuse
- Allergies
- Exposure to chemical irritants
- Medications currently used, prescription and over the counter (e.g., immuno-suppressants, oral contraceptives, anti-hypertensives, anti-psychotics)
- Herbal preparations
- Risk behaviours (e.g., unprotected sex, alcohol or drug abuse, use of illicit injection drugs)

Family History (Specific to Genitourinary System)
- Urinary tract infections
- Renal disease (e.g., renal cancer, polycystic kidneys)
- Diabetes mellitus
- Kidney stones

Personal and Social History (Specific to Genitourinary System)
- Personal hygiene, toileting habits
- Sexual practices (risk behaviours, sexual orientation)
- Sexual or physical abuse
- Symptomatic sexual partner
- Use of contraceptive creams, foam, condoms, diaphragms etc.
- Use of bubble bath, douches
- Tight-fitting underwear or other clothing
- Multiple sexual partners
- Disruption in sex life (from GU symptoms)
- Smoking (associated risk of bladder cancer)
- Fear, embarrassment, anxiety
- Missing work, school or social functions because of GU symptoms (e.g., incontinence)
PHYSICAL ASSESSMENT

General
• Apparent state of health
• Appearance of comfort or distress
• Color (e.g., flushed, pale)
• Nutritional status (emaciated or obese)
• Match between appearance and stated age

Vital Signs
• Temperature
• Heart rate
• Respiratory rate
• Blood pressure

Genitourinary System - Male
Inspection
• Abdominal or flank surgical scars
• Edema (facial, peripheral)
• Penis, scrotum and pubic area: inflammation, discharge, lesions, swelling, asymmetry, changes in hair distribution, nits, warts
• Rectum: lesions, discharge, swelling, haemorrhoids
• Inguinal and femoral areas (for hernia)

Palpation
• Suprapubic tenderness
• Bladder distension
• Abdominal tenderness or masses
• Costovertebral angle tenderness
• Enlargement of kidney (normal kidneys are usually not palpable unless client is thin)
• Inguinal and femoral nodes for swellings and hernia
• Superficial inguinal ring (for hernia)
• Penis: tenderness, induration, nodules, lesions
• Testes and scrotal contents: size, position, atrophy of testes, tenderness, swelling, warmth, masses, hydrocele
• Rectum: anal sphincter tone, rectal wall tumors, prostate gland
• Prostate: size, shape, contour, consistency, tenderness or nodules

Percussion
• Costovertebral angle tenderness
• Bladder distension

Note: Remember to also examine the following areas as part of your assessment:
• Head, eyes, ears, nose, throat: assess for pharyngitis and conjunctivitis (chlamydial infection, gonorrhea)
• Skin: assess for skin lesions, rashes, polyarthralgias of systemic gonorrhea and hydration status
Genitourinary System-Female

**Inspection**
- External genitalia: labia majora and labia minora: lesions, ulcerations, masses, induration, and areas of different color, hair distribution
- Perineum: lesions, ulcerations, masses, induration, scars
- Clitoris: size, lesions, ulcerations
- Urethra: discharge, lesions, ulcerations
- Vagina: speculum exam - inflammation, atrophy, discharge, lesions, ulcerations, excoriation
- Vagina: speculum exam - masses, induration or nodularity, relaxation of perineum (ask client to bear down and observe for any bulging of vaginal walls)
- Cervix: speculum exam - position, color, shape, size, consistency, discharge, erosions, ulcerations
- Os: multipara or nullipara

**Palpation**
- Lymph nodes: enlargement, tenderness, mobility, and consistency (supraclavicular, infraclavicular, axilla, epitrochlear, inguinal)
- Skene’s and Bartholin’s glands: masses, discharge, tenderness
- Cervix: cervical tenderness, bleeding after contact, consistency of cervical tissue (normal cervix is pink and feels firm, like the tip of the nose; in pregnancy, the cervix is bluish and feels softer, like the lips of the mouth)
- Uterus: position, size, contour, consistency of uterine tissue, mobility on movement
- Adnexa: ovaries for tenderness, masses, consistency, contour, mobility, pain on movement (Chandelier’s sign)
- Anus: lesions, ulcerations, tenderness, fissures, hemorrhoids

**Percussion**
- Costovertebral angle tenderness
- Bladder distension

### CLINICAL REASONING AND CLINICAL JUDGMENT

The first step is to distinguish between GU symptoms requiring urgent attention and those that can be managed by the certified practice nurse.

The following signs and symptoms require immediate referral to a physician or nurse practitioner:
- Bleeding from the urethra, male or female
- Urinary retention
- Urethral discharge
- Severe genitourinary pain (consider PID or ectopic pregnancy)
- Scrotal swelling
- Erectile dysfunction (priapism)
- Systemic symptoms (sepsis)
- Incontinence (new onset)
- Recent urologic/renal surgery
- Immuno-compromised
DIAGNOSTIC TESTS

The certified practice nurse may consider the following diagnostic tests to support clinical decision-making:

- Urinalysis
- C&S
- Dipstick testing: blood, protein, white blood cells (WBC), nitrites, pH
- Routine and Microscopic (spun urine): white and red blood cells, bacteria or casts, epithelial cells
- Culture and sensitivity of urethral discharge or prostatic secretions
- Pregnancy test
- Sexually transmitted infections
- HIV if required
- Pap