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 Trauma
- Previous treatments
- Efficacy of previous treatments

**Plus additional history questions:**
- Sexual activity (age appropriate)
- Inappropriate touching (sexual abuse)
- Children must be asked these questions with sensitivity and without the use of leading questions

**Cardinal Signs and Symptoms**
In addition to the general characteristics outlined above, additional symptoms should be elicited as follows (some of these signs and symptoms are age specific in nature):
- Fever
- Unexplained crying
- Holding of genitals
- Enuresis (bed wetting)
- Constipation (chronic)
- New onset incontinence
- Dysuria
- Frequency
- Urgency
- Change in urine colour
- Abdominal pain and back pain
• Toilet training problems
• Retention
• Scrotal or groin pain
• Vaginal discharge
• Genital sores, swelling, discolouration
• LMP: regular/irregular
• Plus the following symptoms are associated with nephritic syndrome and glomerulonephritis:
  o Swelling of ankles and orbits
  o Headaches
  o Nosebleeds
  o Haematuria
  o Decreased urinary output

For older children/adolescents consider:

**Urinary System (Male and Female)**
• Frequency of urination
• Amount of urine: large or small
• Urgency
• Dysuria and its timing during voiding
• Nocturia
• Colour and odour of urine
• Incontinence
• Hematuria
• Pain at costovertebral angle, flank or abdomen
• Suprapubic pain
• Perineal, genital, groin or low back pain

**If sexually active**
• Painful intercourse
• Sexual orientation
• Number of sexual partners
• Sexual practices, including risk behaviours
• History of sexually transmitted infection

**Male Genital System**
• Nature of stream (speed, strength, volume)
• Discharge from penis, itching
• Lesions on the external genitalia
• Genital, groin, suprapubic or low back pain
• Testicular pain or swelling
• Testicular self-examination
• History of hydrocele, epididymitis, hernia, undescended testis
Medical History (general)

- Medical Conditions and surgeries
- Allergies (seasonal as well as reactions)
- Medication currently used (prescription and over the counter)
- Herbal preparations
- Birth and prenatal history if age appropriate
- Communicable diseases: measles, chickenpox, herpes simplex
- Immunization Status

Medical History (Specific to GU)

- Cystitis, pyelonephritis
- Renal disease
- Congenital structural abnormalities in the genitourinary (GU) tract
- Renal stones
- Recent onset of or increase in sexual activity
- Recent GU tract instrumentation (e.g., catheter, urethral dilatation, cystoscopy, colposcopy, gynaecology)
- Diabetes mellitus
- Immuno-compromised
- Recent use of antibiotics
- Bed wetting: new onset or recurrence
- Sexually transmitted infections if one has concerns about sexually activity or concerns of sexual abuse

Family History (Specific to GU)

- Urinary tract infections
- Renal disease (e.g., renal cancer, polycystic kidneys)
- Diabetes mellitus
- Kidney stones

Personal and Social History (Specific to GU)

- Personal hygiene, toileting habits
- Use of contraceptive creams, foam, condoms, diaphragms etc.
- Use of bubble bath, douches
- Tight-fitting underwear or other clothing
- Fear, embarrassment, anxiety
- Missing school

If sexually active consider questions about the following topics:

- Multiple sexual partners
- Disruption in sex life (from GU symptoms)
- Sexual practices (risk behaviours, sexual orientation)
- Sexual or physical abuse
- Symptomatic sexual partner
PHYSICAL ASSESSMENT

General
• Vital signs (TPR, B/P and weight if less than age 12)

Inspection
• Abdominal distension
• Masses
• Asymmetry
• Colour (neonatal jaundice)

Auscultation
• Femoral, iliac or renal bruits
• Bowel sounds

Palpation
• Liver size
• Kidneys (palpable in infants)

Percussion
• Liver size
• Ascites
• CVA tenderness (nephritis)

Genitourinary System – Male
Inspection
• Abdominal or flank surgical scars
• Edema (facial, peripheral)
• Penis, scrotum and pubic area: inflammation, lesions, swelling, asymmetry, changes in hair distribution, nits, warts, position of urethral opening
• Discharge (sign of urethritis)
• Inflammation of foreskin or head of penis (sign of balanitis)
• Scrotum may appear enlarged
• Check for testicular edema (a sign of glomerulonephritis), hydrocele (transillumination should be possible)
• 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, foreskin (retractable by 3 years) phimosis, paraphimosis, tenderness
• Testes and scrotal contents: size, position, atrophy of testes, tenderness (consider torsion or epididymitis), swelling, warmth, masses, hydrocele, enlarged, edematous, check for hernia, varicocele, descended testes
• Cremasteric reflex
• Swelling in inguinal canal: consider hernia or hydrocele of spermatic cord
• Mass in scrotum
• Rectum: anal sphincter tone, rectal wall tumours, prostate gland
• Prostate: size, shape, contour, consistency, tenderness or nodules

**Percussion**
• Costovertebral angle tenderness
• Bladder distension

**Genitourinary system – Female Genitalia**
Child should be in supine frog-leg position for examination. Spread labia by applying gentle traction toward the examiner and slightly laterally to visualize introitus.

**Note:** Do not perform an internal vaginal examination in a prepubescent child or an adolescent who is not sexually active.

**Inspection**
• Labia majora and labia minora: lesions, ulcerations, masses, induration, areas of different color, hair distribution
• Vulvar irritation, enlarged vaginal orifice
• Perineum: lesions, ulcerations, masses, induration, scars
• Urethral irritation (sign of UTI)
• Erythema (in prepubescent girls, the labia normally appears redder than in adult women, because the tissue is thinner)
• Clitoris: size, lesions, ulcerations
• Urethra: irritation, discharge, lesions, ulcerations
• Bleeding (may indicate vaginitis or sexual abuse in a prepubescent girl)
• Enlargement of vaginal orifice (may indicate sexual abuse)

**Do not perform an internal vaginal examination in a prepubescent child or an adolescent who is not sexually active. If sexually active consider:**
  o Vagina: speculum exam – inflammation, atrophy, discharge, bleeding, lesions, enlarged vaginal orifice
  o Cervix: speculum exam – position, colour, shape, size, consistency

**Palpation**
• Lymph nodes: enlargement, tenderness, mobility and consistency (supraclavicular, infraclavicular, axilla, epitrochlear, inguinal)
• Skene’s and Bartholin’s glands: masses, discharge, tenderness
• Anus: lesions, ulcerations, tenderness, fissures, hemorrhoids

**Do not perform an internal vaginal examination in a prepubescent child or an adolescent who is not sexually active. If sexually active consider:**
  o 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)
  o Uterus: position, size, contour, consistency of uterine tissue, mobility, pain on movement
  o Adnexa: ovaries for tenderness, masses, consistency, contour, mobility, pain on movement (Chandelier’s sign)
**Percussion**
- Costovertebral angle tenderness
- Bladder distension

**Associated Systems**
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
- GI assessment is required to complete assessment of GU system

---

**CLINICAL REASONING AND CLINICAL JUDGMENT**

The purpose of this history taking and physical examination 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 urgent referral to a physician or nurse practitioner:
- Jaundice
- Bleeding from the urethra, male or female
- Urinary retention
- Urethral discharge
- High fever
- Treatment failure after 3 days
- Severe genitourinary pain
- Scrotal swelling
- Systemic symptoms (sepsis)
- Incontinence (new onset)
- Recent urologic/renal surgery
- Known anatomical abnormality
- Immuno-compromised

*Children less than 3 months of age should be seen by a physician or nurse practitioner.*

*All children suspected of sexual assault must be referred.*

**DIAGNOSTIC TESTS**
- Urinalysis routine and microsopic (R&M), C&S
- Random blood glucose
- Pregnancy test as appropriate
- Swabs for sexually transmitted infections as appropriate