<table>
<thead>
<tr>
<th>Presenting complaint</th>
<th>Exploding symptom</th>
<th>Relevant system reviews</th>
<th>Commonest differentials</th>
<th>Clues to differential</th>
</tr>
</thead>
</table>
| **Frequency/dysuria/ nocturia** | **Timing** | • When started  
• Acute/gradual onset  
• Duration  
• Progression  
• Intermittent or continuous | General | Urological  
• Cystitis  
• Dysuria (“burning pain on urination”)  
• Frequency and urgency |
| | | • Urinary volume and frequency  
• Any catheter | Urological  
• Frequency, urgency, nocturia  
• Infection: dysuria, haematuria  
• Prostatic/voiding (if male): hesitancy, poor flow/dribbling, feeling of incomplete emptying | Urethritis  
• Dysuria  
• Purulent urethral discharge |
| | | | Pylonephritis | • Dysuria  
• Loin pain  
• Fever/chills/rigors  
• Vomiting |
| | | | Benign prostatic hyperplasia  
• Poor flow and terminal dribbling  
• Hesitancy  
• Overflow incontinence  
• Elderly male | |
| Other differentials | Anxiety  
Detrusor instability  
Bladder/lower urethral calculi  
Prostatitis  
Pregnancy  
Drugs (e.g. diuretics) |
| **Haematuria** | **Timing** | • When started  
• Acute/gradual onset  
• Duration  
• Progression  
• Intermittent or continuous | General  
• Fever, sweats, rashes, joint pain/swelling | Urological  
• Bladder transitional cell carcinoma  
• Painless haematuria  
• History of aromatic amine exposure (e.g. dye washers, painters, decorators) |
| | | • Haematuria  
• Try to quantify bleeding  
• Thick blood or discoloured urine  
• Any catheter  
• Anaemia symptoms: tiredness, breathlessness on exertion | Urethral trauma  
• History of catheter use or trauma  
• e.g. by catheter | • Frequency/dysuria/urgency |
| | | | | Urethritis  
• Dysuria  
• Purulent urethral discharge |
| | | | | Calculi  
• Ujoin to groin pain |
| Other differentials | Urological:  
Glomerulonephritis  
Benign prostatic hyperplasia/prostate cancer  
Renal cell carcinoma  
Polycystic kidney disease  
Schistosomiasis  
Renal TB  
Misc  
Haematological e.g. anticoagulation, sickle cell, coagulation disorders  
Strenuous exercise  
Infective endocarditis  
Drugs (e.g. sulphonamides, cyclophosphamide, NSAIDs)  
Menstruation |
| **Polyuria** | **Timing** | • When started  
• Acute/gradual onset  
• Duration  
• Progression  
• Intermittent or continuous | General  
• Fever, sweats, malaise, rashes, joint pain/swelling | Endocrine  
• Diabetes mellitus  
• Polydipsia/thirst |
| | | • Polyuria  
• Urinary volume and frequency  
• Any catheter  
• Anaemia symptoms: tiredness, breathlessness on exertion | Urological  
• Storage: urgency, nocturia  
• Infection: dysuria, haematuria  
• Prostatic/voiding (if male): hesitancy, poor flow/dribbling, feeling of incomplete emptying | Diabetes insipidus  
• Polydipsia/thirst  
• Polyuria |
| | | | | Urological:  
Chronic kidney disease  
• Non-specific symptoms e.g. fatigue, weakness, puritis, dyspnoea |
| Other differentials | Cushing’s syndrome  
Psychogenic polydipsia  
Drugs (e.g. diuretics, alcohol, lithium, tetracyclines) |
| **Incontinence** | **Timing** | • When started  
• Acute/gradual onset  
• Duration  
• Progression  
• Intermittent or continuous  
• Pattern of incontinence e.g. loss with effort or no control at all  
• Can they feel when they need to urinate  
• Try to quantify urinary volume and frequency  
• Bowel habit (any constipation?) | Urological  
• Storage: frequency, volume, urgency, nocturia  
• Infection: dysuria, haematuria  
• Prostatic/voiding (if male): hesitancy, poor flow/dribbling, feeling of incomplete emptying | Stress incontinence  
• Incompetent sphincter  
• Small losses with effort e.g. coughing, bending, exertion  
• Risk factors: multiple pregnancies, post-menopause  
Urge incontinence  
• Detrusor instability (e.g. idiopathic, cystitis, stone)  
• Hyperreflexia (e.g. MS, CVA, spinal cord injury)  
• Urge to pass urine followed by uncontrollable bladder emptying |
| | | | | Urge incontinence  
• Detrusor instability (e.g. idiopathic, cystitis, stone)  
• Hyperreflexia (e.g. MS, CVA, spinal cord injury) |
| | | | | • Dribbling & poor stream  
• Hesitancy  
• Elderly male or history of obstruction |
| Overflow incontinence | • Prostatic hypertrophy  
• Stricture or stone | True incontinence  
• Fistula between bladder and vagina or urethra  
• Continuous urine leak |  
Mixed incontinence | |
| | | | |  
Post-prostatectomy or other pelvic surgery  
Bladder stone/tumour  
Fistula  
Post-pelvic fracture  
Psychogenic |

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<table>
<thead>
<tr>
<th>Retention</th>
<th>Timing</th>
<th>Urological</th>
<th>Prostatic hypertrophy</th>
<th>Urological</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>When started</td>
<td>Retention</td>
<td>• History of hesitancy, poor flow and terminal dribbling</td>
<td>• Any constipation</td>
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<tr>
<td></td>
<td>Acute/gradual onset</td>
<td>• Storage: frequency, volume, urgency, nocturia</td>
<td>• Elderly male</td>
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<tr>
<td></td>
<td>Duration</td>
<td>• Infection: dysuria, haematuria</td>
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<td>Progression</td>
<td>• Prostatic/voiding (if male):</td>
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<td>Intermittent or continuous</td>
<td>hesitancy, poor flow/dribbling, feeling of incomplete emptying</td>
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<td></td>
<td>Any constipation</td>
<td>Urethral stricture</td>
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<td>Bladder neck obstruction (e.g. tumour, calculus)</td>
<td>• History of trauma or recurrent catheterisation</td>
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<td></td>
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<td>UTI</td>
<td>• May be haematuria</td>
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<td>Other differentials</td>
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<td>Urinary</td>
<td>• Dysuria</td>
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<td></td>
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<td>Constipation (common)</td>
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<td>Prostatitis</td>
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<td>Pelvic mass</td>
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<td>Genital herpes</td>
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<td>Clot retention (after bleed e.g. from tumour)</td>
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<td>Phimosis</td>
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<td>Neurological</td>
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<td>MS</td>
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<td>Spinal cord compression</td>
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<td>Drugs</td>
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<td>Anticholinergic drugs</td>
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