

DAYTIME INCONTINENCE IN A CHILD > 4 YEARS

Reviewed and approved, June 2012

This protocol is a general guideline and does not represent the professional standard of care required of the health care provider.

This pathway should be modified as indicated, based on the health care provider's professional judgment, to meet the needs of individual patients.

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WRITTEN DESCRIPTION (flow chart on next page)

Workup:

- Taking a thorough history is crucial. Should include bathroom habit diary to elicit if member:
 - is an infrequent voider, which would suggest overflow incontinence, or
 - has a history of constipation, or
 - has a history of frequent voiding suggesting uninhibited bladder contractions.
- Obtain UA, UC; KUB, Renal/Bladder ultrasound with Pre-and Post-Void views.

Treatment

- for infrequent voider, trial of frequent timed voidings, eg 6X/day.
- for constipation, appropriate treatment, such as Miralax.
- for frequent voiding, may try Ditropan or Detrol (pill only) if PCP comfortable with the use of these medications.

When to refer to Urology

- if workup negative and/or
- if attempts to treat are not successful.

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