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Diagnosis/symptom

Phimosis

Tight foreskin, inability to reduce the foreskin

When to initiate referral:

- No improvement after treatment of at least 6 weeks of steroid cream application. (Betamethasone cream 0.05% or 0.025% Triamcinolone cream applied to foreskin twice a day for 6 weeks.)
- Tight phimosis causing ballooning of foreskin which persists after treatment with steroid cream as above
- Documentation of infection of the glans (balanitis), foreskin (posthitis), or both (balanoposthitis)
- Documentation of febrile urinary tract infection in male infant less than 6 months of age, especially if associated with radiographic evidence (renal US and/or VCUG; IVP is less helpful) of a congenital urinary tract anomaly (hydronephrosis, vesicoureteral reflux, posterior urethral valves, prune belly syndrome, myelomeningocele)
- History of paraphimosis (inability to replace foreskin over glans penis after it has been retracted)
- Trauma to the penis, especially the foreskin
- Due to the volume of referrals and the nature of our specialty practice, we are no longer able to accept routine referrals for phimosis.
- The urology program does not perform routine circumcisions

What can referring provider send?

- Clinic notes
- Radiographic evidence as noted

> More information:

Newborns: Care of the Uncircumcised Penis

<http://www.cirp.org/library/normal/aap/>



Diagnosis/symptom

Urinary Tract Infection

When to initiate referral:

- Any child with documented **febrile** UTI
- Any male with a documented UTI

Document urine clearance after appropriate therapeutic treatment for a febrile UTI then place the child on suppressive antibiotics. Prior to the VCUG, children should be on suppressive antibiotics (Prophylaxis dose = 1/4 daily dose) with follow-up blood work as necessary.

A female with **2 or more** occurrences of **afebrile** UTI should be referred to our Bladder Health Class. (Available in Seattle, Bellevue, Everett and Federal Way.)

Any child with UTI and congenital spinal dysraphism (myelomeningocele, sacral agenesis) should be referred to the **Neurodevelopmental Clinic** at Children's with a request to see our urologist.

What can referring provider send?

- Clinic notes
- Urine culture documentation
- Renal and bladder US film and report
- Voiding cystourethrogram film and report

Document urine clearance after appropriate therapeutic treatment for a febrile UTI then place the child on suppressive antibiotics. Prior to the VCUG, children should be on suppressive antibiotics (Prophylaxis dose = 1/4 daily dose) with follow-up blood work as necessary.

If renal and bladder US and VCUG done at another facility, have patient bring films to appointment.

Families from outlying areas have primary consideration for same day US and VCUG as appointment at Children's.

Bladder Health Class is a prerequisite to a clinic visit for families and children 4 years of age and older. Registration information will be given at the time an appointment with the urologist is made.

Place the child on antibiotic prophylaxis until tests to rule out vesico-ureteral reflux or other congenital anomaly have been completed and the child's health provider has been consulted.



Diagnosis/symptom

Voiding Dysfunction and/or Nocturnal Enuresis

When to initiate referral:

Referral to pediatric urologist when:

- Any child with a febrile urinary tract infection with abnormal renal US and/or VCUg
- Any child with a congenital anatomic genitourinary concern (posterior urethral valves, vesicoureteral reflux, hydronephrosis, ureteropelvic junction obstruction, bladder or urethral abnormalities, or genital malformation)

Referral to Urology Program Bladder Health Class:

(available at Children's clinics in Seattle, Bellevue, Everett, and Federal Way)

Children over the age of potty training with:

- Isolated daytime urinary incontinence
- Isolated persistent nocturnal enuresis
- Negative radiographic studies with recurrent, afebrile UTI's

Children with abnormal voiding patterns and/or recurrent UTI may also have associated chronic constipation. They may also need a referral to a clinic such as:

The Encopresis Treatment Center
611 Main Street, Suite A
Edmonds, WA 98020
Phone 425-640-3227
Fax 425-640-3478

What can referring provider send?

- Clinic notes
- Urine culture documentation, if available

Radiologic studies are not always necessary. If they have been done, send reports w/referral. The patient should bring films to the appointment.

> More information:

Enuresis: The Basics (Patient/Family education flyer): http://www.seattlechildrens.org/child_health_safety/pdf/flyers/pe469.pdf

Clinic phone: 206-987-2509. Urologist on call: 206-987-7777. To request a consult or referral, please call the Clinical Intake Nurses at 206-987-2080 or toll free at 866-987-2080. You may fax a New Appointment Request Form to 206-985-3121 or toll free at 866-985-3121. To speak with a Seattle Children's physician for an urgent phone consultation, call the Physician Operator at 206-987-7777 or toll free at 877-985-4637.

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