

## IKP-BTP ALGORITHMS (1-7) GENITO URINARY SYMPTOPMS

1. Males - REDNESS, SWELLING, BURNING OF GENTIAL AREA
2. Males - URINE LEAKAGE, OLIGURIA, HAEMATURIA, POLYURIA, BURNING MICTURATION
3. Males - SCROTAL SWELLING
4. Females - SWELLING, BURNING OF GENTIAL AREA
5. Females - URINE LEAKAGE, OLIGURIA, HAEMATURIA, POLYURIA, BURNING MICTURATION
6. Females – VAGINAL BLEEDING
7. Females - VAGINAL DISCHARGE

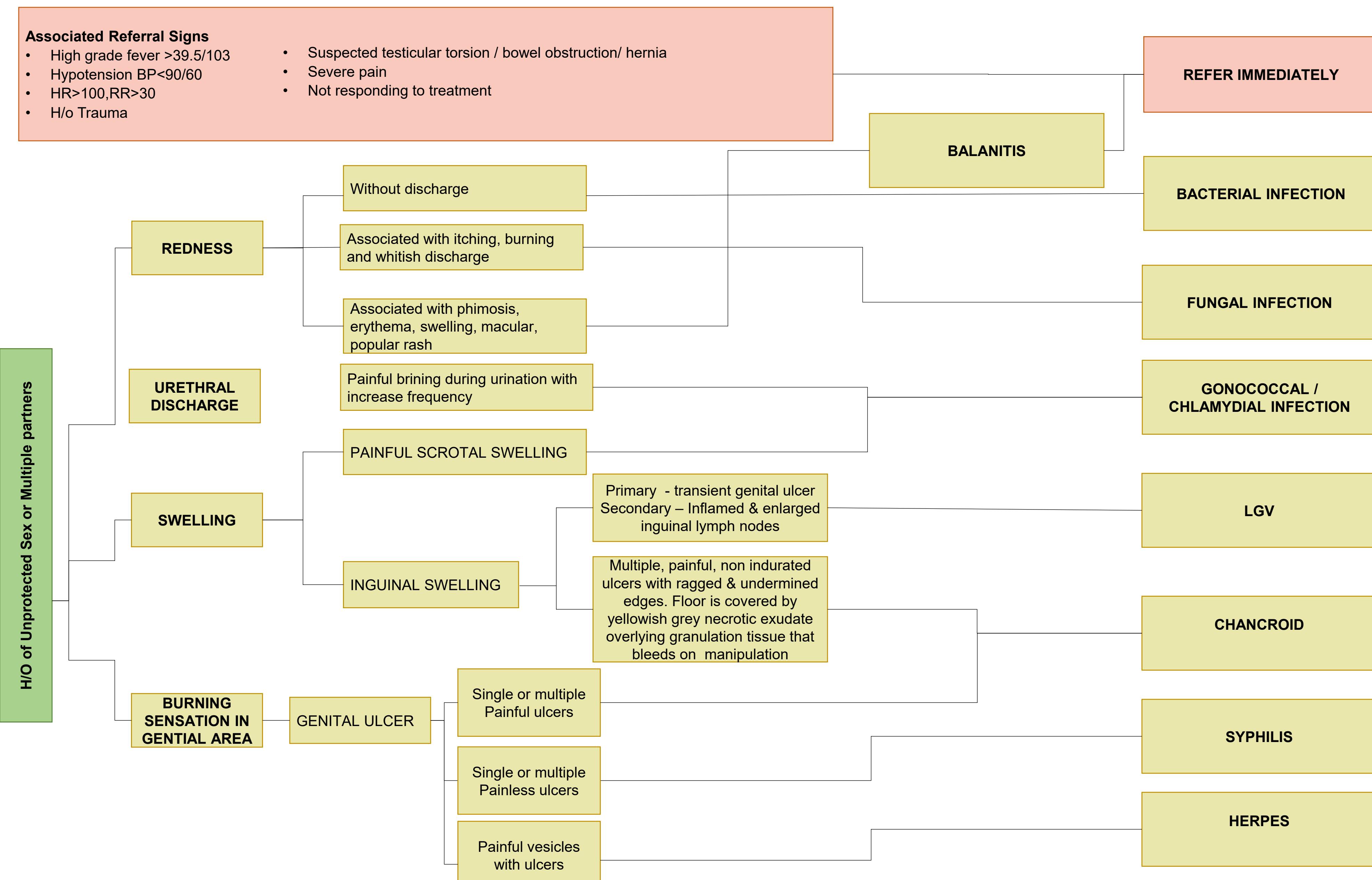
# Presenting symptom

# Males - REDNESS, SWELLING, BURNING OF GENITAL AREA

## ASSESS

## CLASSIFY

- **ASK** for chief complaints? (genital ulcers, scrotal swelling, burning sensation, soreness, itching, urethral discharge, redness of glans penis, prepuce )
- **ASK** for onset?
- **ASK** for duration?
- **ASK** for fever/chills/rigor/malaise?
- **ASK** for urethral discharge? (color, character, smell)
- **ASK** if it is associated with bleeding / itching?
- **ASK** for pain or burning sensation while passing urine/ blood stained urine?
- **ASK** for abdominal pain? (location, severity)
- **ASK** for post coital pain?
- **ASK** for medical history? (DM/HT)
- **ASK** for sexual history? (Extra marital efforts, H/O unprotected sex, multiple sexual partners)
- **ASK** for similar complaints in the family? (partner's status)
  
- **LOOK** for inguinal lymph nodes swelling (Inguinal bubo)
  
- **INSPECT** – external genitalia with consent pelvic or scrotal examination – observe for swelling (inflammation of skin over the swelling) discharge, colour, consistency, and genital ulcer – check the floor of the ulcer margins and floor)
  
- **DURING SCROTAL EXAMINATION** – Observe for swelling, redness, ulcer, check whether the swelling is reducible, check for trans illumination, cough impulse (to R/O hernia)
  
- **MEASURE PR, RR, TEMP & BP**

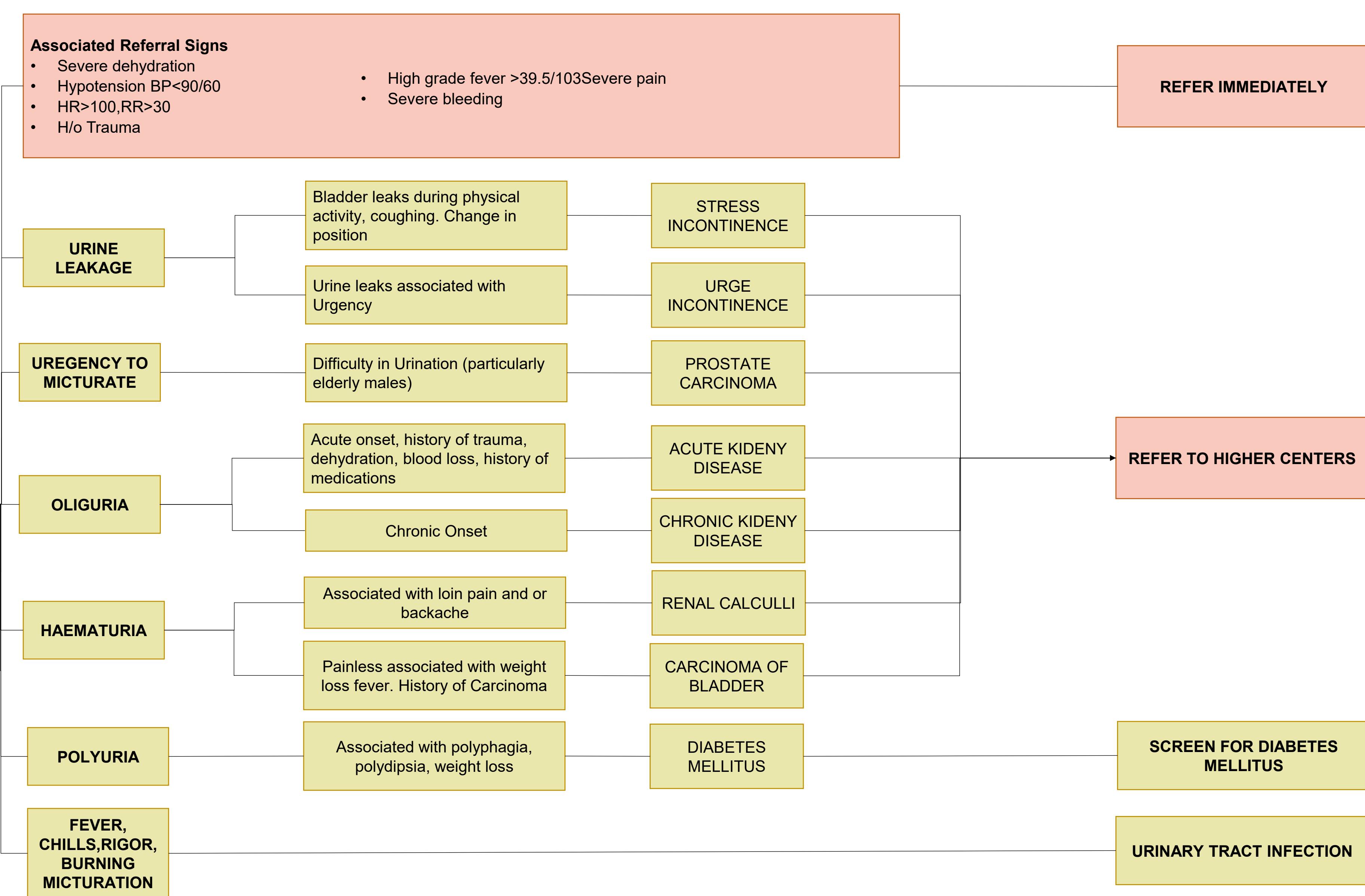


## ASSESS

## CLASSIFY

- **ASK** for chief complaints? (Urgency, leakage of urine, hematuria, oliguria, burning micturition)
- **ASK** for onset?
- **ASK** for duration?
- **ASK** for character? (Color and quantity)?
- **ASK** for fever/ chills/ rigor?
- **ASK** for H/O weight loss?
- **ASK** if it is associated with urethral discharge/bleeding/itching?
- **ASK** for pain or burning sensation during urination (DYSURIA)?
- **ASK** for increased frequency of urination (POLYURIA)?
- **ASK** for low back ache/ abdominal pain/ loin pain? (RENAL CALCULI)
- **ASK** for post coital pain? (DYSPAREUNIA)
- **ASK** for medical history? (DM/HT) H/O previous surgeries
- **ASK** for H/O similar complaints in the past? (Renal Colic)
- **ASK** for sexual history? (STD'S, EXTRA MARITAL AFFAIRS,H/O UNPROTECTED SEX)
- **ASK** for family history?(R/O CARCINOMA)
  
- **LOOK** for inguinal lymph nodes swelling
- **INSPECT** – pedal oedema, pallor, external genitalia examination with consent, scrotal examination, observe discharge, and cough impulse, urinary incontinence, urinary leakage, ulcers, and vesicles
- Palpate scrotum for swelling, check for cough impulse, trans illumination
  
- **DURING SCROTAL EXAMINATION** – Observe for swelling, redness, ulcer, check whether the swelling is reducible
  
- **MEASURE PR, RR, TEMP & BP**

## Urinary Symptoms



## ASSESS

## CLASSIFY

- **ASK** for onset? When did it start?
- **ASK** for duration acute or chronic?
- **ASK** for pain/ painless?
- **ASK** for fever/myalgia/malaise/joint pain?
- **ASK** for facial swelling? (parotid gland enlargement, MUMPS)
- **ASK** for pain during defecation / bowel movements?
- **ASK** for H/O reduced appetite and weight loss? (testicular carcinoma)
- **ASK** for family history? H/o similar illness in the family ( testicular carcinoma)
- **ASK** for H/O trauma?
- **ASK** for medical history? (DM/HT)
- **ASK** for personal/ sexual history? (to r/o STI)
  
- **INSPECT** skin over the swelling look for redness, ulcers, inguinal lymphadenopathy. Cough impulse.
  
- **DURING SCROTAL EXAMINATION** – scrotal swelling palpate and measure the size, shape of swelling, check for tenderness, reducible or not, look for Trans- illumination with torch light.
  
- **CHECK** for Temperature, pulse rate, respiratory rate, blood pressure.
- **CHECK** for Inguinal lymph nodes

## SCROTAL SWELLING

## Associated Referral Signs

- Suspected testicular torsion / bowel obstruction/ hernia
- Hypotension BP<90/60
- HR>100,RR>30
- H/o Trauma
- High grade fever >39.5/103
- Severe pain

REFER IMMEDIATELY

## PAINLESS

Usually painless at rest, but pain or discomfort while bending, coughing, or lifting. Heavy or dragging sensation in groin, swelling around testicles, positive cough impulse

## HERNIA

Translucent painless swelling with positive cough impulse

## TESTICULAR CARCINOMA (probably)

Translucent painless swelling with negative cough impulse

## HYDROCELE

Low grade fever, chills, heaviness in scrotal areas, pain worsens during bowel movements

## EPIDIDYMITIS

## PAINFUL

Fever, myalgia, facial swelling, cough

## MUMPS

History of trauma, sudden severe testicular pain, lower abdominal tenderness

## TESTICULAR TRAUMA/ TORSION

History of hernia, nausea, vomiting, fever. Sudden pain that intensifies hernia bulge and turns reddish purple or dark in colour. Positive cough impulse.

## INCARCERATE INGUINAL HERNIA

## STRANGULATED INGUINAL HERNIA

REFER TO HIGHER CENTERS

## ASSESS

## CLASSIFY

- **ASK** for chief complaints? (genital ulcers, burning sensation, soreness, lower abdominal pain, vaginal discharge)
- **ASK** for onset?
- **ASK** for duration?
- **ASK** for chills/rigor/malaise?
- **ASK** for vaginal discharge? (color, character, smell)
- **ASK** if it is associated with vaginal bleeding / itching?
- **ASK** for pain or burning sensation while passing urine/ blood stained urine?
- **ASK** for abdominal pain? (location, severity)
- **ASK** for post coital bleeding/ dyspareunia?
- **ASK** for fever?
- **ASK** for menstrual history? (H/O LMP, Menstrual cycle, dysmenorrhea)
- **ASK** for medical history? (DM/HT)
- **ASK** for sexual history? (Extra marital affairs, H/O unprotected sex, multiple sexual partners)
- **ASK** for similar complaints in the family? (partner's status)
- **LOOK** for inguinal lymph nodes swelling (Inguinal bubo)
- **INSPECT** – external genitalia with consent pelvic or speculum examination – observe for swelling (inflammation of skin over the swelling) discharge, color, consistency, and genital ulcer – check the floor of the ulcer margins and floor)
- **During speculum examination** – Observe if cervix is healthy. Look for uterine prolapse.
- **MEASURE PR, RR, TEMP & BP**

H/O UNPROTECTED SEX/ MULTIPLE SEXUAL PARTNER

## Associated Referral Signs

- Pregnancy
- Hypotension BP<90/60
- HR>100,RR>30
- Severe Bleeding

## SWELLING IN THE INGUINAL AREA

## INGUINAL BUBO

Primary - Transient genital ulcer  
Secondary – Inflamed and enlarged inguinal lymph nodes

REFER IMMEDIATELY

LGV

Multiple painful, non indurated ulcers with ragged and undermined edges. Floor covered by yellowish grey necrotic exudate overlying granulation tissue that bleeds on manipulation

CHANCROID

## BURNING SENSATION IN GENITAL AREA

## GENITAL ULCER

Single or multiple painful ulcer

SYPHILLIS

Single or multiple painless ulcer

HERPES

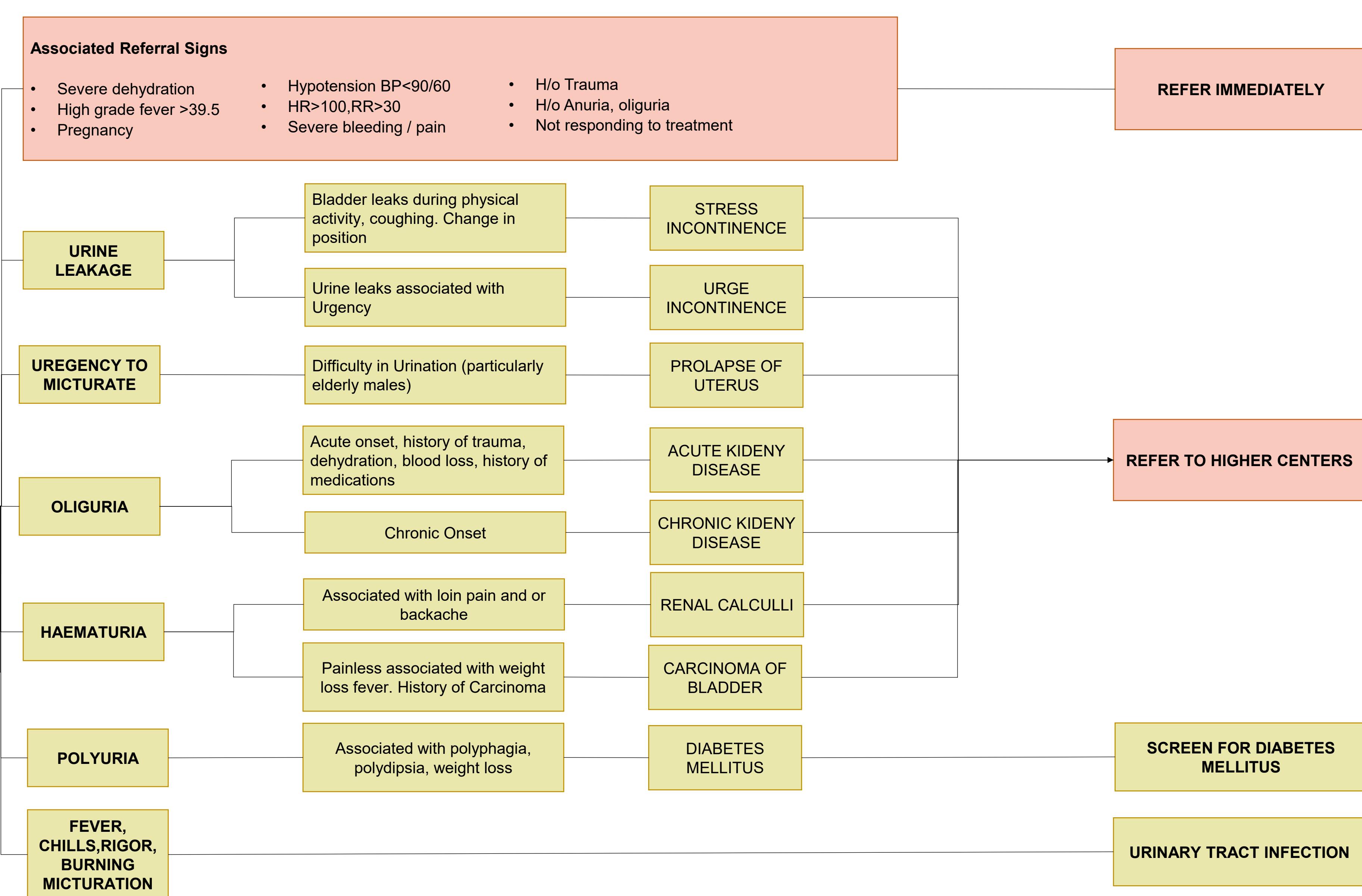
Painful vesicles with ulcers

## ASSESS

## CLASSIFY

- **ASK** for chief complaints? (urgency, leakage of urine, hematuria, oliguria, burning micturition?)
- **ASK** for onset?
- **ASK** for duration?
- **ASK** for character? (color, quantity?)
- **ASK** for fever/chills/ rigor?
- **ASK** for h/o weight loss?
- **ASK** if it is associated with vaginal discharge/bleeding/itching?
- **ASK** for pain / burning sensation during urination (dysuria)?
- **ASK** for increased frequency of urination (polyuria)?
- **ASK** for low back ache/abdominal pain/ loin pain? (renal calculi)
- **ASK** for post coital bleeding/ pain? (dyspareunia)
- **ASK** for menstrual history? (H/O pregnancy, dysmenorrhea)
- **ASK** for medical history? (DM/HT)
- **ASK** for sexual history? (STD's, extra marital affairs/o unprotected sex)
- **ASK** for family history?(H/O carcinoma)
  
- **LOOK** for inguinal lymph nodes swelling
  
- **INSPECT** – Pedal oedema, pallor, external genitalia with consent pelvic or speculum examination observe discharge, urinary incontinence ask the patient to cough and see for leakage, uterine prolapse.
  
- **DURING SPECULUM EXAMINATION** – Observe if cervix is healthy. look for uterine prolapse
  
- **MEASURE PR, RR, TEMP & BP**

## Urinary Symptoms



## ASSESS

## CLASSIFY

- **ASK** for onset?
- **ASK** for duration?
- **ASK** for vaginal discharge?
- **ASK** about the smell of the discharge? (foul smelling or not) (bacterial vaginosis)
- **ASK** if it is associated with genital itching?
- **ASK** for pain / burning sensation during urination (dysuria)?
- **ASK** for increased frequency of urination?
- **ASK** for low back ache/abdominal pain? (pelvic inflammatory diseases)
- **ASK** for post coital bleeding/ pain? (dyspareunia)
- **ASK** for menstrual history? (IMP to r/o pregnancy, pre menstrual syndrome, amenorrhea – abnormal absence of menstruation, dysmenorrhea – painful menstruation typically involves abdominal cramps, dyschezia – pain on defecation, post menopausal bleeding- recurrence of bleeding in a menopausal women at least 6mnths to 1 year after cessation of cycles, inter menstrual bleeding- uterine bleeding of variable amounts occurring between regular menstrual periods)
- **ASK** for medical history? (DM/HT)
- **ASK** for H/O oral contraceptives/ intrauterine devices?
- **ASK** for sexual history? (STD's, extra marital affairs, H/O unprotected sex)
- **ASK** for family history?
- **LOOK** for inguinal lymph nodes swelling (Inguinal bubo)
- **LOOK** for cervical erosion, ulcer, or mucopurulent cervical discharge
- **INSPECT** – external genitalia with consent pelvic or speculum examination observe color, consistency and amount of vaginal discharge
- **During speculum examination** – Observe if cervix is healthy. Look for uterine prolapse..
- **MEASURE PR, RR, TEMP & BP**

**H/O UNPROTECTED SEX/ MULTIPLE SEXUAL PARTNER**

**Associated Referral Signs**

- H/O of Abuse
- High grade fever >39.5
- Pregnancy
- Hypotension BP<90/60
- HR>100,RR>30
- Severe bleeding / pain
- H/o Trauma
- Not responding to treatment

**REFER IMMEDIATELY**

**NORMAL MENSTRUATION**  
Usual length of menstrual bleeding is for 4 – 6 days. Usual amount of blood lost is 10 to 35ml

Associated with supra pubic pain, abdominal cramps / lower abdominal pain before or during menses

Associated with heavy bleeding, supra pubic pain, abdominal cramps / lower abdominal pain before or during menses, dyspareunia, dyschezia

**PRE MENSTRUAL SYNDROME (PMS)**

**PRIMARY DISMENORHOEA**

**ABNORMAL BLEEDING**

**POST MENOPAUSAL**

**POST COITAL**

**PRE MENOPAUSAL**

**YOUNG PATIENTS  
(Rule out pregnancy / miscarriage)**

Rule out Sexually transmitted infections

Dysfunctional Uterine Bleeding

Intra Uterine device use (IUD)

Bleeding form Gingiva, Petechia

**CERVICAL CANCER SCREENING**

Bleeding Disorders

**REFER TO HIGHER CENTERS**

## ASSESS

## CLASSIFY

- **ASK** for onset?
- **ASK** for duration?
- **ASK** for character? (color / consistency)
- **ASK** about the smell of the discharge? (foul smelling or not) (bacterial vaginosis)
- **ASK** if it is associated with genital itching?
- **ASK** for pain / burning sensation during urination?
- **ASK** for increased frequency of urination?
- **ASK** for low back ache/abdominal pain? (pelvic inflammatory diseases)
- **ASK** for post coital bleeding/ pain? (dyspareunia)
- **ASK** for menstrual history? (IMP to rule out pregnancy, dysmenorrhea)
- **ASK** for medical history? (DM/HT)
- **ASK** for h/o oral contraceptives / intrauterine devices?
- **ASK** for sexual history? (STD's, extra marital affairs, H/O unprotected sex)
- **ASK** for family history?
- **ASK** whether partner has similar complaints?
- **LOOK** for inguinal lymph nodes
- **INSPECT** external genitalia with consent pelvic or speculum examination observe color, consistency and amount of vaginal discharge
- **DURING SPECULUM EXAMINATION** - observe if cervix is healthy. look for cervical erosion, ulcer, or mucopurulent cervical discharge.
- **MEASURE PR, RR, TEMP & BP**

## VAGINAL DISCHARGE

## Associated Referral Signs

- History of Abuse
- High grade fever  $>39.5$
- Pregnancy

- Hypotension BP $<90/60$
- HR $>100$ , RR $>30$
- Severe bleeding / pain

- H/o Trauma
- Not responding to treatment

REFER IMMEDIATELY

**White or clear non offensive discharge that varies with the menstrual cycle**

NORMAL PHYSIOLOGICAL

EMOTIONAL REASSURANCE

**Associated with fever, abnormal vaginal bleeding, dysmenorrhoea, dysuria, history of IUD**

**Associated with vaginal bleeding, such as between menstrual period or after sexual intercourse, after menopause. Weight loss**

PELVIC INFLAMMATORY DISEASE

CERVICAL CANCER SCREENING

**Profuse malodorous, frothy. Yellowish green coloured discharge**

**Excessive homogenous, uniformly adherent vaginal discharge with fishy odour, grey coloured**

TRICHOMINIASIS

BACTERIAL VAGINITIS

**Oedema, fissures, erosions, curdy white discharge**

CANDIDIASIS

**Discharge from cervix confirmed with speculum examination**

CERVICAL EROSION

CERVICITIS