



Urinary Incontinence Care Pathway

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Resource Description: This UI care pathway flowchart was created by the EMPOWER study team to aid practices participating in their intervention designed for the AHRQ EvidenceNOW: Managing Urinary Incontinence initiative. This diagram, which can be used by providers, incontinence managers, nurses, and others, shows the various levels of severity of UI and indicates appropriate steps to take to treat symptoms. Several links are embedded throughout the care flowchart that direct clinicians to external educational resources that they can use to help treat their patients.

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Key



Mixed urinary incontinence



Specialist referral



Lifestyle/Behavioral practices



Pelvic Floor Physical Therapy referral



Medication options



Stress urinary incontinence pathway



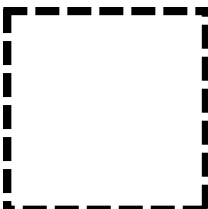
Urge urinary incontinence/over active bladder pathway



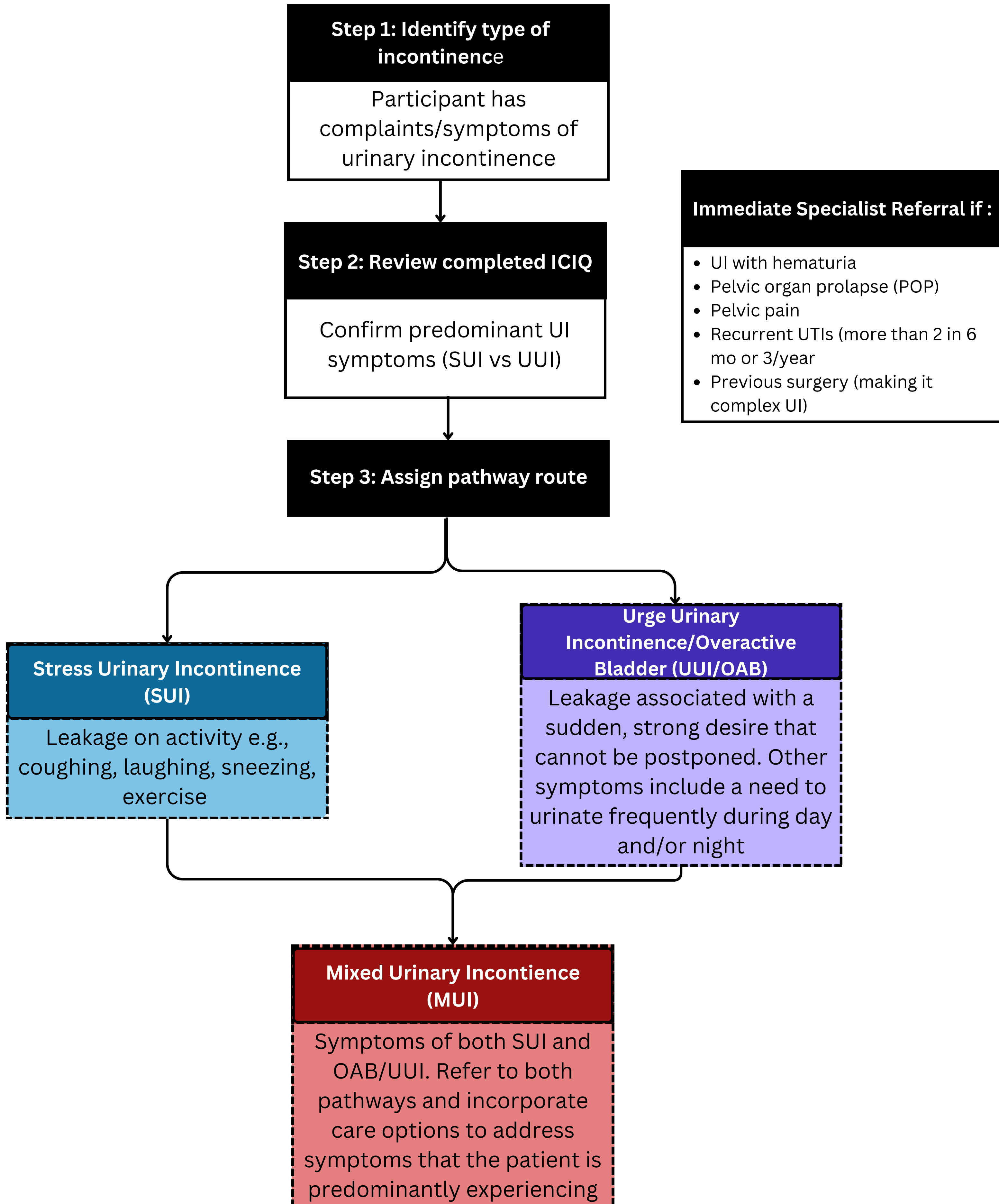
Device Options



First steps



Links to resources, click on boxes to access



Step 1: Collect history and background, explain/review bladder diary

- 1) Ever limited your fluids? Kept track, etc. If not, explain and assign bladder diary
- 2) Ever tried Kegels? Kept track, etc.? Teach pelvic floor exercises
- 3) Ever tried medications? No, start with behavioral management. Yes, recommend medication to be discussed with PCP
- 4) Ever tried pelvic floor physical therapy (PFPT)? Consider if referral to PFPT is needed
- 5) Ever had or considered surgery for UI/Pelvic organ prolapse (POP)? Consider if referral to specialist is needed

Step 2: Assign behavioral options

Fluid/dietary
management

Bladder
training

Pelvic floor
exercises
(self)

Healthy
lifestyle
changes

Step 3: Assess improvement

Improved
(less
leakage)

Not
improved
(same/more
leakage)

Continue &
reiterate
behavioral
practices

Step 4: Next steps

Referral to
PFPT

Explain
device
options

Vaginal
pessary

Impressa
/tampon
use

Continue PFPT
or device
option

Step 5: Assess improvement

Improved
(less
leakage)

Not
improved
(same/more
leakage)

Refer to
specialist

