MADISON NEUROLOGY · NEUROLOGY SYMPTOM GUIDE

New urinary urgency, frequency, or incontinence

Structured history, interpretation & clinical review

Symptom 83 of 94
Clinical educational workbook
Version 1.0 · October 2026

Not for clinical use. This guide cannot diagnose, triage, or exclude an emergency. Seek emergency care for severe, sudden, or worsening symptoms.

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> **Document purpose**
> A structured educational history and diagnostic-reasoning workbook. Treatment is outside its scope.

Scope and safe use

New urinary urgency, frequency, or incontinence is characterized by infection clues, retention, spinal symptoms, mobility/cognition, diabetes, medication, and prior bladder pattern.

Not for clinical use.
This educational workbook does not diagnose, triage, estimate probability, replace examination, or exclude an emergency. If a safety-screen answer is Yes or uncertain, follow the stated action rather than continuing routine interpretation.

How to complete the workbook

- Record the current episode and the person’s usual baseline; use a witness account for events with impaired awareness.
- Check one option per question unless a clinician documents a different combination. “Not sure” is unresolved information, not a negative answer.
- Complete the safety screen before all other sections. Record exact onset or last-known-well time for sudden deficits.
- Use Section 2 only after the form is complete. More than one pattern may be relevant; urgency takes precedence.
- Use Section 3 to plan focused examination and clinician-selected investigations. No test is automatic or universally required.

Specific escalation rule

New severe headache, new focal weakness or numbness, new speech/language difficulty, reduced consciousness, a prolonged seizure, severe breathing or swallowing difficulty, sudden visual loss, or rapidly progressive weakness requires emergency assessment. Call 911 in the United States.

Section 1: Input form

Checkbox history for New urinary urgency, frequency, or incontinence

1A. Immediate safety screen

Is there new urinary retention, loss of bladder or bowel control, saddle numbness, or new sexual dysfunction?

☐ No ☐ Yes ☐ Not sure

If Yes: Go to an emergency department now for cauda-equina assessment; do not wait for routine imaging.

Is there rapidly progressing weakness in one or more limbs, a sensory level, or new inability to walk?

☐ No ☐ Yes ☐ Not sure

If Yes: Seek emergency assessment now for possible spinal-cord compression or another acute cord process.

Is there fever, immune suppression, recent spinal procedure, injection-drug use, cancer, or severe unremitting night pain?

☐ No ☐ Yes ☐ Not sure

If Yes: Arrange same-day assessment; fever or progressive neurological deficits require emergency care.

Did significant trauma precede the pain, or is there new deformity or immediate neurological loss?

☐ No ☐ Yes ☐ Not sure

If Yes: Seek emergency assessment now and avoid unnecessary movement of the spine.

> **Stop rule:** Any Yes answer triggers the action printed under that question. Any Not sure answer requires prompt in-person clarification; do not treat it as No.

1B. Timeline

How did the symptom begin?

☐ Suddenly, over seconds or minutes ☐ Over hours to days ☐ Gradually over weeks or months ☐ Longstanding or since childhood ☐ Not sure

Use the first occurrence for recurrent episodes; use the current episode for a changing symptom.

What is the overall course?

☐ One persistent episode ☐ Separate recurrent episodes ☐ Steadily worsening ☐ Fluctuating or variable ☐ Currently resolved

Has this exact pattern been assessed before?

☐ Definitely new ☐ The same pattern occurred before ☐ Present and stable for a long time ☐ Not sure

1C. Discriminating features

Which problem is most prominent?

☐ Sudden difficult-to-defer urgency ☐ Frequent small voids ☐ Leakage or loss of control ☐ A mixture

Is there burning, blood, fever, pelvic pain, vomiting, or new confusion?

☐ Yes ☐ No ☐ Not sure

Is there back pain, saddle numbness, leg weakness, a sensory level, or new gait difficulty?

☐ Yes ☐ No ☐ Not sure

Is there diabetes, constipation, reduced mobility, cognitive change, prostate/pelvic disease, or a new diuretic/other medicine?

☐ Yes ☐ No known factor ☐ Not sure

1D. Associated findings

Are there other neurological symptoms—weakness, numbness, speech change, double vision, swallowing difficulty, or severe imbalance?

☐ Yes ☐ No ☐ Not sure

Are there systemic clues—fever, weight loss, cancer, infection risk, pregnancy/postpartum status, or a new medication?

☐ Yes ☐ No ☐ Not sure

How much does this affect daily activity?

☐ Noticeable but activities continue ☐ Some activities are limited ☐ Cannot perform usual activities ☐ Not sure

1E. Clinical context

Who is being assessed?

☐ Adult or adolescent ☐ Child under 12 ☐ Adult aged 65 or older

Could a medicine, substance, withdrawal, or recent dose change be relevant?

☐ No plausible contributor ☐ Yes or possibly ☐ Not reviewed

Include sedatives, dopamine-blocking drugs, stimulants, decongestants, anticholinergics, alcohol, and non-prescribed substances when relevant.

Is there a relevant neurological, muscular, metabolic, cardiovascular, autoimmune, or sleep disorder?

☐ No known relevant condition ☐ Yes ☐ Not sure

What prior information is available?

☐ A previous examination or investigation ☐ Prior records but no clear explanation ☐ No useful prior assessment ☐ Not sure

Additional history and documentation

Record exact dates/times, witness details, relevant medication doses and changes, prior investigation reports, and the person’s baseline function.

Section 2: Interpreting the input form

Answer combinations generate a differential and an assessment pathway—not a diagnosis.

> **Precedence:** Emergency safety answers override every pattern below. Otherwise, the highest-urgency fully matched pattern takes precedence. If entries are incomplete, contradictory, or match no pattern, use the unresolved-information pathway.

Pattern 1: Bladder change with spinal warnings

Is there back pain, saddle numbness, leg weakness, a sensory level, or new gait difficulty? Yes

Emergency warning pattern — Now

New urinary dysfunction with spinal or limb findings requires emergency spinal assessment.

Differential to review:

- Cauda equina, spinal cord, or acute neurogenic bladder

Action: Call 911 or go to the nearest emergency department now. Do not drive yourself.

Pattern 2: Possible infection or systemic cause

Is there burning, blood, fever, pelvic pain, vomiting, or new confusion? Yes

Urgent assessment pattern — Same day

Pain, blood, fever, or acute confusion requires prompt medical and urinary assessment.

Differential to review:

- Urinary infection, hematuria, or acute medical cause

Action: Arrange same-day medical assessment. If symptoms are rapidly worsening or severe, call 911.

Pattern 3: Urgency without acute warning features

Which problem is most prominent? Sudden difficult-to-defer urgency / Frequent small voids
Is there back pain, saddle numbness, leg weakness, a sensory level, or new gait difficulty? No

Structured clinical review pattern — Routine review

Uncomplicated urgency/frequency follows a bladder diary, infection screen, and emptying assessment.

Differential to review:

- Overactive bladder or chronic neurogenic detrusor dysfunction
- Functional, mobility, cognitive, medication, or pelvic-floor contributor

Action: Arrange a routine in-person clinical review. New, severe, or worsening symptoms change this pathway.

Pattern 4: Incontinence with functional contributors

Which problem is most prominent? Leakage or loss of control / A mixture
Is there diabetes, constipation, reduced mobility, cognitive change, prostate/pelvic disease, or a new diuretic/other medicine? Yes

Prompt clinical review pattern — Promptly

Leakage with mobility, cognition, bowel, or medication factors needs a combined functional and bladder assessment.

Differential to review:

- Functional, mobility, cognitive, medication, or pelvic-floor contributor
- Overactive bladder or chronic neurogenic detrusor dysfunction

Action: Arrange an in-person medical or neurological review promptly, usually within days. Seek sooner care if the pattern changes.

Unresolved-information pathway: The entries need structured in-person characterization.

Prompt clinical review pattern — Promptly

Do not guess missing answers or convert uncertainty into reassurance. Document what is unknown, perform an in-person examination, clarify the timeline with a witness or records when available, and reassess if any new feature appears.

Action: Arrange an in-person medical or neurological review promptly, usually within days. Seek sooner care if the pattern changes.

Section 3: Clinical review

Diagnostic modules and focused investigation logic

The examination comes before a test list. Select investigations only after localization, urgency, comorbidity, pregnancy status, renal function, anticoagulation, and prior results have been considered.

3.1 Urinary infection, hematuria, or acute medical cause

Discriminating features: Burning, blood, fever, pain, glucose disturbance, or acute confusion supports a medical/urological pathway.

Logical investigations: Urinalysis and targeted testing; systemic illness, pregnancy, or retention increases urgency.

3.2 Cauda equina, spinal cord, or acute neurogenic bladder

Discriminating features: New bladder change with back pain, saddle symptoms, leg deficits, or a sensory level.

Logical investigations: Emergency spinal assessment and MRI when acute neurological accompaniments occur.

3.3 Overactive bladder or chronic neurogenic detrusor dysfunction

Discriminating features: Urgency/frequency with neurological disease, incomplete emptying, or no infection.

Logical investigations: Bladder diary, post-void residual, urinalysis, and urological/neurological assessment; selected urodynamics.

3.4 Functional, mobility, cognitive, medication, or pelvic-floor contributor

Discriminating features: Diuretics, constipation, impaired mobility/cognition, or pelvic-floor factors can produce leakage.

Logical investigations: Medication, bowel, mobility, cognitive and pelvic assessment with appropriate urological evaluation.

Reassessment and documentation

- If the symptom pattern changes, repeat the safety screen and timeline rather than carrying forward an earlier interpretation.
- If a test is unrevealing but the deficit persists or progresses, revisit localization and seek specialist review; a normal result does not automatically end assessment.
- If symptoms resolve, document duration, completeness of recovery, recurrence, and any residual deficit. Resolved sudden focal symptoms can still require urgent vascular assessment.
- If the history and examination conflict, obtain collateral information and in-person review rather than forcing a single diagnostic label.

Selected references

Sources provide background standards and do not replace local emergency pathways or current specialist guidance. Accessed October 2026.

1. National Institute for Health and Care Excellence. (2010, updated 2023). *Transient loss of consciousness (“blackouts”) in over 16s (CG109)*. https://www.nice.org.uk/guidance/cg109
2. National Institute for Health and Care Excellence. (2019, updated 2023). *Suspected neurological conditions: recognition and referral (NG127)*. https://www.nice.org.uk/guidance/ng127