Pan-Dorset Flowchart - Nocturnal Enuresis / Bedwetting

Every child must be fully assessed. If night time wetting (nocturnal enuresis / bedwetting) is identified, follow the flowchart below to ensure the child receives the correct assessment, treatment and management.

Night time wetting identified by GP, School Nursing / Health Visiting / Children's Community Nursing / Learning Disability Team

Only night time wetting / monosymptomatic nocturnal enuresis OR constipation and/or daytime bladder symptoms treated and night time wetting persists

DEMYSTIFICATION

- Discuss causes
- Explain symptoms
- Discuss treatments
- Explain prognosis

Primary – never been dry for a 6 month period

Secondary – dry for at least 6 months prior to this episode

INITIAL ADVICE:

- Demystify, reassure, educate
- Fluid optimisation 6-8 drinks/day offer <u>Drinking</u> Reward Chart
- Toileting advice 4-7 voids/day offer <u>Toileting</u> <u>Reward Chart</u>
- Advise on rewards for compliance
- Suggest trial without nappies or pull-ups
- Signpost to ERIC for further information/ reassurance and advice on bedding protection etc
 - Provide leaflet ERIC's Guide to Night Time Wetting

Assess for a systemic cause or trigger or comorbidities e.g. UTI, constipation, Diabetes mellitus, psychosocial situation, neurological cause

If present treat OR refer to Paediatrician appropriate

RED FLAGS—refer to Paediatrician
See page 2 for details

PRE-SCHOOL AGE

Reassure that 1 in 5 children age 4½ wet the bed at least once a week and many achieve dryness spontaneously. Advise to continue to follow above advice and to seek help from School Nurse if wetting persists beyond 5 years of age and intervention is desired. Child must be 7 years or over for a direct referral to the enuresis clinic.

SCHOOL AGE

No Concerns

NO PROGRESS AFTER IMPLEMENTATION OF INITIAL ADVICE:

- Refer to School Nurse if not yet seen
- Reassess number of wet nights/week, size of wet patches, number of times/night, time of occurrence using Night Time Diary
- Discuss, explain, and offer treatment options

ALARM

Child seems suitable for an alarm as first line treatment.

- School Nurse provides alarm -follows <u>NICE Alarm</u>
 Algorithm.
- Refers to ERIC's Guide to Night Time Wetting for information about using alarms
- Provide <u>Bedwetting Alarms Your Questions</u>
 <u>Answered</u>
- Monitor progress using <u>Bedwetting Alarm Diary</u>

NICE

- <u>Guideline on nocturnal enuresis</u>
- Nocturnal enuresis pathway
- Quality standard

DESMOPRESSIN

Child seems suitable for Desmopressin as first line treatment.

- GP to start on treatment e.g. 120mcg
 DesmoMelt (School Nurse referral)
- Follow <u>NICE Desmopressin Algorithm</u>
- Refer to ERIC's Guide to Night Time Wetting for information about taking Desmopressin
 - Provide Using Desmopressin as a treatment for bedwetting
 - Monitor progress using Night Time Diary
- GP to review as required minimum 6 monthly
- When ready reduce dose slowly over 6 weeks to avoid sudden relapse.

RED FLAG ADVICE

Always remember to consider an acute cause or trigger – is there an infection or constipation?

Could there be underlying neurological issues or diabetes? If so treat these or refer as appropriate.

Red flag reasons for referral:

Daytime frequency – passing lots of urine

Dysuria - pain when passing urine

Daytime wetting or urgency

Poor urinary stream or straining to pass urine

Leaking

Polydipsia - drinking lots

Poor growth or loss of weight

High blood pressure

Odd appearance to spine or sacral area

Recurrent UTIs

Suspicion of renal problems – Family history or antenatal concerns

Consider referral to paediatrics if any of the above are present or:

Persistent wetting with failure of enuresis alarm/medication Other medical problems such as diabetes, neurological problems

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