A CHILD PRESENTS WITH BEDWETTING

THE NICE® APPROACH

**INITIAL ASSESSMENT (CAN USE CMT *)**
- Number of wet nights/week: size of wet patches, number of times/night, time of occurrence
- Age at onset/symptom duration
- Arousal from sleep
- Daytime frequency (voids/day), urgency, wetting
- Any abnormalities of urinary stream: starting, problems with flow, problems with emptying
- Fluid intake (type/quantity)
- Maximum voided volume (bladder capacity)
- Bowel movements/any soiling/any constipation
- History of comorbidities: UTIs/disability/development, etc
- Family history of bedwetting
- Any intervention(s) previously tried
- Impact of the bed wetting on the child and family

**EXAMINATION**
- General appearance
- Urine dipstick if suspicion of UTI, diabetes, daytime symptoms. Send sample with patient to GP
- Bladder diary and bowel diary: baseline recording including fluid intake, voiding, bowels, wetting

**MORE INFORMATION**
NICE (www.nice.org.uk/cg111):
- Guideline on nocturnal enuresis
- Nocturnal enuresis pathway
- "NICE" Quality standard
  www.nice.org.uk/Guidance/qs70
Information on bedwetting for professionals, children and families:
- www.promocon.co.uk
- www.eric.org.uk
- www.paediatriccontinenceforum.org
- www.stopbedwetting.org
Professional resources on bedwetting and child health:
- www.chimat.org.uk

* To view or download the CMT (Clinical Management Tool) visit
  www.promocon.co.uk or
  www.stopbedwetting.org

**INITIAL ADVICE**
- Demystify, reassure, educate
- Fluid optimisation – 6-8 drinks/day
- Toileting advice – 4-7 voids/day
- Advise on rewards for compliance
- Suggest trial without nappies or pull-ups
- Offer advice on bedding protection
- Emphasise initial advice as per NICE guidance

No progress after changing usual routine and implementation of initial advice. Discuss, explain and offer treatment options

**DEMYSTIFICATION**
- Discuss causes
- Explain symptoms
- Discuss treatments
- Explain prognosis

**EXAMINATION**
- Safeguarding concerns
- UTI/constipation/other
- Suspected organic cause
  - diabetes mellitus
  - Other

Follow local protocol
- Assess, treat and refer as appropriate
- Offer immediate referral to paediatric/diabetes care team

**ALARM**
- Appropriate for initial treatment
  - Desmopressin appropriate for initial treatment: start on 1 desmopressin (120 mcg Desmomet or 200 mcg Desmotab)
  - Follow NICE Desmopressin algorithm
  - Follow NICE alarm algorithm

Follow NICE alarm algorithm

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TOP 10 TIPS FOR MANAGEMENT OF BEDWETTING

THE NICE©APPROACH

1. Early recognition and assessment of bedwetting are key to identifying and treating any unrecognised underlying pathology and avoiding inappropriate referrals, hospital admissions and visits to A&E

2. Offer a comprehensive bladder and bowel assessment to every child who presents with bedwetting

3. Demystify the causes of bedwetting and explain the underlying physiology of bedwetting in the context of ‘three systems’ (i.e. adequate bladder capacity, arginine vasopressin, ability to wake up to full bladder sensations)

4. Reassure the child and family about the prognosis of bedwetting and offer age-appropriate and culturally appropriate written information to support the verbal consultation

5. Offer a range of evidence-based treatment options to each child and family and do not exclude children aged under 7 years or those with disabilities from assessment and appropriate treatment

6. Empower the child and the family to make informed treatment choices and stress the importance of long term adherence to chosen treatment

7. Tailor treatment and management to the child and family, taking into account preferences and child's physical, psychological and social needs

8. Optimise treatment outcomes by matching treatment to assessment outcome and family dynamics

9. Ensure effective and continuing support for the child and the family

10. Facilitate timely referral for further review and assessment if bedwetting has not responded to first-line monotherapy or combination treatment

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