

A CHILD PRESENTS WITH BEDWETTING

THE NICE[©] APPROACH

DEMYSTIFICATION

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

INITIAL ASSESSMENT

- 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 bedwetting 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

Safeguarding concerns

Follow local protocol

UTI/constipation/other

Assess, treat and refer as appropriate

Suspected organic cause

- diabetes mellitus
- Other

Offer immediate referral to paediatrician/diabetes care team

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

Alarm appropriate for initial treatment

Follow NICE alarm algorithm

Desmopressin appropriate for initial treatment

Follow NICE Desmopressin algorithm

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.bbuk.org.uk
- www.eric.org.uk
- www.paediatriccontinenceforum.org
- www.stopbedwetting.org

Contributors:

June Rogers MBE
Paediatric Continence Specialist
Bladder & Bowel UK

Brenda Cheer
Paediatric Specialist Continence Nurse & ERIC Nurse

Dr Sameena Shakoor
Consultant Paediatrician and Clinical Director Paediatrics

Davina Richardson
Children's Continence Adviser
Bladder & Bowel UK

Alison Wardley,
RGN/RSCN,BSc(Hons) SpCN(Children),
Team Manager Children's Community Nursing Team

Dr Chinnaiyah Yemula
Consultant Community Paediatrician

Reviewed & commented by:

Dr Zoe Rawlinson, GP
Sheena Hennell
Commissioning Manager

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

Acknowledgements

This publication was devised by a multidisciplinary group of clinicians and is based on: NICE clinical guideline. Nocturnal enuresis: the management of bedwetting in children and young people (October 2010).



FERRING

PHARMACEUTICALS