GUIDELINE	
Enuresis (nocturnal) nurse-led program	
Scope (Staff):	Community health staff
Scope (Area):	CAHS-CH

This document should be read in conjunction with this DISCLAIMER

Aim

To provide guidance to staff to support children with nocturnal enuresis through a nurse- led Nocturnal Enuresis Program.

Risk

Inadequate and delayed support for enuresis can significantly impact the emotional wellbeing of children and family functioning.

Background

Nocturnal enuresis (NE) or night time bedwetting is a common childhood condition that is amenable to treatment and change. It is considered the third most stressful life event for primary school aged children after divorce and parental conflict.[1] The International Children's Continence Society (ICCS) classifies nocturnal enuresis as primary or secondary in nature. **Primary nocturnal enuresis** (PNE) is the descriptor for never having achieved night time dryness. **Secondary nocturnal enuresis** describes the onset of bedwetting after achieving night dryness for at least six months.[2]

The prevalence across the general population for PNE is up to 18.9% of children aged 5 – 12 years with boys being more affected by a ratio of 3:2.[1] PNE is classified as a common childhood condition with a spontaneous remission rate of 14% - 15% per year with a persistence rate of enuresis in 0.5 -2 % of adults.[3, 4]

Enuresis is more common in children with Attention Deficit Hyperactivity Disorder (ADHD) and other behaviour issues.[5, 6] Moderate learning disability is not a contraindication for treatment.

Nocturnal Enuresis Program

A nocturnal enuresis program (the program) is offered to all children and adolescents who meet the following eligibility criteria.[7]

Eligibility criteria

- Age range: 5.5 to 18 years old
- Child has adequate family/carer support to engage with the program
- Day time urine continence and bowel continence

- No ongoing issues relating to constipation or other comorbidities which contraindicate the use of alarm therapy
- A nocturnal enuresis bedwetting pattern of more than twice weekly
- Referred by appropriate medical practitioners, including:
    - General Practitioners
    - Paediatricians from private practice
    - Child Development Services
    - Perth Children's Hospital
    - Paediatric urologists – private and health service based practice.

Referrals to Child and Adolescent Health Service – Community Health (CAHS-CH) program can be accepted via CAHS-CH General Practitioner referral form or via CAHS-CH global email: CACH.EnuresisProgram@health.wa.gov.au

Program description

The program utilises 'mat and alarm intervention therapy' conducted by nurses with expertise in the program. Alarm intervention therapy has been shown to have effective outcomes.[8, 9] The majority of children will have a successful result if they are provided a structured management plan for nocturnal enuresis.[10]

The program is offered to children and adolescents as a child centred approach with support from family/caregivers. The program utilises an alarm intervention technique with a rechargeable electronic alarm and rubber sensory mat as part of a supervised self-management system. After an initial visit with a GP and a referral to the local nocturnal enuresis clinic, an initial face-to-face appointment is undertaken. This is followed up every two weeks with a face-to-face or phone contact. The CAHS-CH Nocturnal Enuresis Duty Statement provides the details of the program.

The short-term goal of the program is reached when the child achieves twenty one consecutive dry nights within the ten to twelve week program. The program can be offered for up to 12 weeks, dependent upon the clinical judgement of the enuresis nurse.[10] If this goal is attained, the long-term program objective is for the child to remain dry for the following six months. Once achieved, clients are deemed to have mastered night time dryness.

If the child does not achieve the twenty one consecutive dry nights or regresses/relapses within the six month period, and again meets the eligibility criteria, they will be offered a repeat of the program, after six months have elapsed. If the child does not respond to the program in the first 2-4 weeks; or two programs are unsuccessful; the child is referred to their GP in liaison with the family for referral to paediatric urology. Following review and management, the paediatric urology consultant may support a further alarm therapy attempt.

Children with a developmental delay and children with moderate learning disabilities, including ADHD or other behavioural issues; can be offered the program at the clinical discretion of the enuresis nurse. The duration of the program may need to be extended to accommodate their needs. Behavioural therapy or alarm treatment is a greater challenge in these children, but treatment success is possible with consistency and regular follow- up.[11]

Documentation

Enuresis nurses will document according to local processes.

An outcome letter will be sent to the referrer on discharge from the program.

Related internal policies, procedures and guidelines
The following documents can be accessed in the, CAHS-CH Operational Policy manual via the HealthPoint link
Client Identification
Client documentation
Consent for release of client information
Working alone
The following documents can be accessed in the, CAHS Infection Control Policy via the HealthPoint link
Hand hygiene
Medical Devices: Single Use, Single Patient Use and Reusable
Standard and Transmission Based Precautions
Related internal resources and forms
The following resources and forms can be accessed from the CAHS-CH intranet via the Child Health link on HealthPoint
Bedwetting
Enuresis (Nocturnal) Nurse Led Program (CAHS)
Nocturnal enuresis e-learning package (under development)
Toilet training
External resources
Dry night' Advice for parents of children who wet their bed http://www.bladderbowel.gov.au/assets/doc/DryNight.html
Parent information on bed wetting in young adultshttp://www.bladderbowel.gov.au/assets/doc/brochures/10BedwettingInYoungAdults.html
'Watertight' booklet for the older child/teenager about bet wetting http://www.bladderbowel.gov.au/assets/doc/Watertight.html

Resources available in Languages other than English (LOTE) and easy English - Continence Foundation of Australia https://www.continence.org.au/pages/bedwetting.html
Bladder diary – Continence Foundation of Australia https://www.continence.org.au/resources.php/01tA0000001b1c2IAA/bladder-diary
Bristol stool chart https://www.continence.org.au/pages/bristol-stool-chart.html
Bedwetting – Raising Children Network http://raisingchildren.net.au/articles/bedwetting.html
Manufacturer manual for mat and alarm http://ramseycoote.com.au/
Nocturnal Enuresis Tool Kit - Westmead Hospital https://www.neresourcekit.com.au/Nocturnal%20Enuresis%20Resource%20Kit%20second%20edition.pdf

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