



GUIDELINE

Enuresis (Nocturnal) – Nurse Led Program

Scope (Staff):	Community health
Scope (Area):	CACH

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations.

Read the full statement here:

[CAHS Child Safe Organisation Commitment Statement](#)

This document should be read in conjunction with this [disclaimer](#) and the [Enuresis \(Nocturnal\) - Nurse Led Program Supporting Information](#)

Aim

To support community nurses in delivering a comprehensive, evidence-based nocturnal enuresis program for eligible clients with monosymptomatic nocturnal enuresis through education, support, and partnership.

Risk

Inadequate and delayed support for nocturnal enuresis can significantly impact the emotional wellbeing and quality of life of clients and their families. This can result in increased stress, disrupted family dynamics, and prolonged symptoms.

Background, classification and impact

This guideline outlines the purpose and scope of the process, including key definitions and categories relevant to service delivery. It explains how cases are classified based on priority and the anticipated impact on outcomes, ensuring consistency and equity in decision-making

For more detailed definitions, classification, contributing factors, impact of NE, basic anatomy and physiology of the urinary system, see [Enuresis \(Nocturnal\) - Nurse Led Program Supporting Information](#).

Key Points

- The client is the focus of care, and their best interests are the primary consideration in all decisions.
- Family centred and strengths-based approaches are used, for a shared understanding of concerns and care planning that is proportionate to client needs.
- Client must meet the eligibility criteria to participate in the program
- Key education messages for clients and families are to be provided as appropriate to the audience.
- All nurses will refer to the [Nursing and Midwifery Board AHPRA Decision-making framework](#) in relation to scope of practice and delegation of care to ensure that decision-making is consistent, safe, person-centred and evidence-based.
- Nurses will provide a culturally safe service delivery which demonstrates a welcoming environment that recognises the importance of cultural beliefs and practices of all clients.
- Community health nurses must follow the organisation's overarching [Infection Control Policies](#) and perform hand hygiene in accordance with WA Health guidelines at all appropriate stages of the procedure.

Principles

- The client should be actively involved in goal setting and progress monitoring to build motivation and a sense of ownership in their treatment journey.
- Nurses should remain alert to possible child protection concerns when assessing clients. Nurses must reflect on and document any concerns where the presentation or family response may indicate emotional harm or neglect. Referral or consultation should be considered in situations where:
 - the child is reported to be deliberately wetting the bed.
 - parents or caregivers are using punitive measures despite clinical advice that symptoms are involuntary.
 - secondary enuresis persists without a clear medical explanation or identifiable psychosocial stressor (e.g. bereavement, family separation).
- A combination of alarm and mat interventions, alongside behavioural strategies, is the most effective evidence-based approach for managing nocturnal enuresis.
- Alarm and mat use must be consistent, devices should be used every night without interruption.
- A face-to-face review four weeks after starting the program is essential to assess early treatment response. Signs of progress may include smaller wet patches, waking to the alarm, or more dry nights. If no improvement is observed, the program should be paused or ceased, and the child should be assessed for restarting the program or referred to their GP for further management.

- Engagement should be fostered through personalised care planning, including collaborative goal setting with the client. This should be supported by fortnightly follow ups, flexible service delivery, and ongoing education to ensure sustained motivation and progress.
- Program success is achieved through a two-phase process designed to establish and reinforce sustained dryness
 - Initial success phase: The client must demonstrate either 14 consecutive dry nights, or a 90% reduction in wet nights per week (*e.g., from 7 wet nights to no more than 1 wet night per week*)
 - Overlearning phase: Following initial success, the client completes a 14-night overlearning phase, during which they increase fluid intake before bed and maintain dryness (or a 90% reduction).

Success is defined as sustained dryness across both phases.

NE - Nurse led program (NEP)

Evidence suggests that nurse led programs are effective in managing NE, providing comprehensive care and support for clients and their families.^{4,5} These involve the combination of alarm and mat interventions and behavioural strategies. For more information see [Enuresis \(Nocturnal\) - Nurse Led Program Supporting Information](#).

Clients who have previously used mat or alarm systems at home without being part of a structured program should not be required to wait before commencing the NEP. There is no strong evidence to support a waiting period in these cases. Nurses should use clinical judgment to determine the timing of program start, considering the extent of prior alarm use, the child's response, and the impact on the child and family, to ensure care is timely and tailored to individual needs.

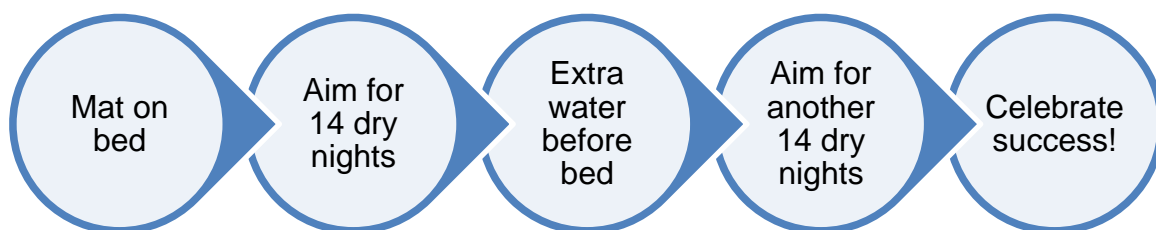
Aim of program

The goal of the NEP is to help the client recognise the need to urinate, wake up to use the toilet or hold on, and eventually learn to prevent bedwetting by waking up spontaneously or holding.⁵ Focus should be on the client's personal goals and what they hope to achieve through treatment. There can be an improvement in the emotional wellbeing, self-esteem, and overall quality of life of client.⁴⁻⁶

Elements of program

- **Assessment and investigation:**⁷⁻⁹ A thorough assessment is conducted to understand the client's bedwetting history, patterns, and related factors. This includes evaluating daytime symptoms, toileting habits, fluid intake, and any comorbidities such as constipation, diabetes, or urinary tract infections. Additionally, nurses discuss potential factors that might affect interventions and determine if the caregivers need extra support to manage the impact of bedwetting. For more information about these factors and how they impact NE, see [Enuresis \(Nocturnal\) - Nurse Led Program Supporting Information](#).

- **Engagement of client:**^{4, 1, 7} Active participation in the nurse led NEP helps clients manage and overcome bedwetting, boosting their self-esteem and confidence. Active involvement reduces embarrassment and shame, improves social interactions, and enhances self-image. Effective engagement strategies tailored to each client's needs can alleviate stress and anxiety for both the client and their family.
- **Intervention**
 - **Alarm and mat:**^{8, 10, 11} Involves placing a moisture sensitive pad on top of the client's bed sheets, which triggers an alarm when wet, helping the client learn to wake up in response to a full bladder. Consistent nightly use is crucial for training the body to wake up to urinate and preventing setbacks. Parental support is essential, but client should manage turning off the alarm. Parents may need to supervise and assist initially, ensuring the client is fully awake when going to the toilet. Rehearsing the steps before bed can also be beneficial.
 - **Behavioural:**^{6, 12} Interventions including adjusting routines, developing good bladder and bowel habits, implementing a reward system, and keeping a progress diary are helpful in the management of NE. Nurses should tailor these strategies to each client, emphasising parental involvement and consistency.
- **Progress monitoring:**^{11, 13} Monitor and adjust the program based on the client and family's engagement. Signs of progress include smaller wet patches, waking to the alarm, fewer alarms, and fewer wet nights. If there is no response within four weeks, program should be paused to maintain motivation and reduce unnecessary intervention. Reassess and potentially restart the intervention after a short break (less than 6 months), as evidence suggests there is a 48% success rate when repeated within six months.
- **Completion of program:**^{7, 14-16} Success in the NEP is defined as 14 consecutive dry nights or a 90% reduction in wet nights per week. Once this is achieved, introduce overlearning by having the client drink over 150ml of water before bed to further condition the bladder. Continue alarm training until another 14 dry nights are achieved to prevent relapse.



NEP Process Overview

The NEP follows a structured pathway from referral to program complete, ensuring consistent and effective care (see [Appendix 1: Overview of NEP process](#)). Overview of processes and key decisions are provided in the appendices 1-6

- Referral process: Clients are referred and assessed against eligibility criteria (See [Appendix 2: Referral process](#)).
- Eligibility and readiness assessment: Appointment is conducted and individualised plan is developed based on assessment findings (See [Appendix 3: Eligibility and readiness assessment](#)).
- Initial program management process: Clients are introduced to the program and provided with resources and supported in setting up goals and strategies (See [Appendix 4: Initial program management process](#)).
- Review process: Progress is monitored fortnightly, with adjustments made as needed ([Appendix 5: Review process](#)).
- Standby list management process: Where immediate entry is not possible, clients are placed on a managed standby list based on prioritisation categories (See [Appendix 6: Standby list process](#)).

Referral management

Referrals to the NEP are reviewed and processed according to a standardised procedure involving both child health immunisation booking (CHIB) and NEP nurses. This ensures timely and appropriate client engagement. For detailed steps, refer to CACH CHIB referral procedure.

Referrals are accepted from:

- Medical practitioners including General Practitioners, paediatricians and paediatric urologists from private and health service-based practice
- Nurses (including nurse practitioners and continence nurses)

Referrals to the NEP may be submitted using the [CHS150 Nocturnal Enuresis Referral Form](#) or an alternative format, such as a letter from a medical practitioner that includes information about core eligibility criteria below. All referrals must be directed to the CACH global email: CACH.EnuresisProgram@health.wa.gov.au.

The responsible nurse will make reasonable attempts to contact the parent/caregiver using a combination of communication methods (e.g., phone call, email, SMS, or letter) including verifying contact details with referrer if needed.

Each attempt must be documented in the client's record, including the method, date, and outcome. If the client remains unreachable after these attempts, the nurse must notify their line manager for further action. Consider sending [CHS 153-13 Unsuccessful attempt - unable to engage](#) to referrer.

Eligibility criteria:

To be eligible for the NEP client must meet these core criteria:

- be aged 5.5 to 18 years at time of referral
- have an address in metropolitan area or spend majority of their time in metro area
 - If clients live outside the metropolitan area, referrals should be forwarded to WACHS, Area Office Population Health
AreaOfficePopulationHealth.WACHS@health.wa.gov.au
- have bedwetting reported more than twice a week.

Clients who do not meet eligibility criteria should receive a [CHS153-5 Ineligible for program – Family](#), and a [CHS153-6 Ineligible for program – Referrer](#) letter should be sent to the referrer.

Eligibility and readiness assessment

Nurses should use the eligibility and readiness assessment appointment, [CHS151 Nocturnal Enuresis Eligibility and Readiness Assessment](#) and their clinical judgement to decide if clinical and psychosocial factors are present or are appropriately addressed prior to entry:

- Daytime symptoms, comorbidities, or other health factors, including:
 - Daytime urinary symptoms
 - Urinary tract infections
 - Physical or neurological conditions
 - Constipation or soiling
 - Diabetes
 - Developmental, attention, or learning difficulties
 - Children with Autism Spectrum Disorder (ASD) or attention deficit hyperactivity disorder (ADHD) may benefit from the program, however these conditions are frequently associated with comorbid behavioural, sensory, or psychological factors requiring broader clinical management. Nurses must use clinical judgement to determine whether the NEP is appropriate and likely to be effective. If a child's needs extend beyond the program's scope, referral to the GP for comprehensive assessment and management is recommended.
- Significant life events that may temporarily impact a child's ability to fully engage with the program over the 20-week period.
 - Examples include moving house, arrival of a new sibling, changes in sleeping arrangements, or acute illness/injury affecting sleep or mobility.

Refer to [Appendix 2: Eligibility and readiness assessment](#) for further guidance.

The [CHS825 My Care Plan](#) can be used to give families an opportunity to address concerns identified during the eligibility and readiness assessment appointment.

- A follow up appointment booked at the nurse's discretion (within four months of eligibility and readiness assessment appointment) can be completed to allow time for management of identified concerns. Referral should be marked Eligibility pending.
- If the issue remains unresolved by the agreed time, the client's referral should be declined.

Ongoing management of clinical and psychosocial factors falls outside the scope of the NEP. In these instances, referral is declined on CDIS, and a formal decline letter should be issued to both the referrer ([CHS153-2 Decline referral– Referrer](#)) and the parent or caregiver ([CHS153-1 Decline referral– Family](#)), advising them to seek appropriate support through a GP. Client can be re-referred once the issue have been appropriately addressed.

If the client is deemed eligible and suitable for the program, a [CHS153-14 Welcome to the Program](#) letter should be sent to the family.

Managing siblings

When siblings are referred simultaneously, the client with the higher prioritisation, typically the older child, should be commenced on the program first. The other sibling/s may commence the program once the first has completed it, either successfully, after two unsuccessful attempts, or at the nurse's discretion. There is no minimum time required between siblings commencing the program, timing should be planned collaboratively with the family and based on the nurse's clinical judgement.

Management must be discussed with the family, and the agreed plan documented using [CHS825 My Care Plan](#). This completed plan should be saved in CDIS and provided to the family for their records.

The referral for the sibling/s not commencing should be marked as "Sibling pending" as per categorisation and prioritisation below until they are ready to begin. Managing sibling interventions one at a time is recommended to ensure focused support, effective monitoring, and to avoid overwhelming the family. See [Enuresis \(Nocturnal\) - Nurse Led Program Supporting Information](#) for more information.

Client categorisation and prioritisation

To ensure equitable, transparent, and timely access to the NEP, all clients must be assigned both a standardised category and a priority level following the eligibility and readiness assessment appointment.

This structured approach:

- Supports consistent and accurate standby list management
- Informs service planning and resource allocation
- Ensures children with the greatest clinical or psychosocial need are prioritised for care

- Enables families to receive clear, timely information about their access to the program

All categorisation and prioritisation details must be documented in CDIS using the designated note template (see Column 3: CDIS Note Template). The priority and category must be clearly stated at the beginning of the note, with optional contextual details added as needed.

Nurses are encouraged to proactively discuss this process with families to ensure transparency, manage expectations, and provide reassurance about ongoing care coordination. While families are awaiting program start, there are evidence informed strategies they can implement to support progress. Details of these strategies are available in the [Enuresis \(Nocturnal\) - Nurse Led Program Supporting Information](#).

Prioritisation

A client only needs to meet ONE of these criteria to be assigned the corresponding priority level. Clients are prioritised as follows:

	Priority One (1)	Priority Two (2)	Priority Three (3)
Age	12 years +	7-12 years	5.5-7 years
CPFS Involvement	At risk of entering the child protection system or currently in out of home care	Previous CPFS involvement or out of home care	No CPFS Involvement
Prior attempt	Child who has previously successfully completed NEP	Child has previously unsuccessfully attempted NEP	No prior attempt
Impact on quality of life	Significant emotional distress or social difficulties due to bedwetting	Some emotional distress or social difficulties due to bedwetting	No significant emotional distress or social difficulties due to bedwetting

Table 1: Prioritisation matrix

Standby list categories and documentation:

Category	Definition (Reason for standby list)	CDIS note template	Example CDIS note (including priority)
Pending equipment	Eligibility and readiness assessment completed; client eligible but equipment currently unavailable	(Priority#) Pending equipment; <i>additional notes</i>	(P1) Pending equipment; silent alarm
Awaiting response	Client contacted but unable to be engaged.	Awaiting response; <i>follow-up</i>	Awaiting response; f/u 15/02/2025

		date, additional notes	
Awaiting appointment	Eligibility and readiness assessment completed; client eligible but awaiting appointment due to availability	(Priority#) Awaiting appointment additional notes	(P2) Awaiting appointment
Client hold	Client requested hold; maximum hold period is 4 months/121 days.	(Priority#) Client hold; follow-up date, additional notes	(P3) Client hold; f/u 15/02/2025, family away
Repeater	Client had one unsuccessful program attempt and is awaiting re-entry. Maximum follow up period is 6 months/184 days	(Priority#) Repeater; follow-up date, additional notes	(P1) Repeater; f/u 15/07/2025
Sibling Pending	Client's sibling is undertaking the program. Following completion of the program by the sibling, nurse to assess client and family readiness to undertake the program and offer program at a suitable time.	Sibling pending; sibling's name, sibling's expected completion date, additional notes	Sibling pending: Jane FULLER, July 2026.
Eligibility pending	Eligibility and readiness assessment completed; follow-up required to address clinical and/or psychosocial factors before program entry. Client may remain on standby list pending reassessment. Maximum follow up period is 4 months/121 days.	Eligibility pending; reason for ineligibility, follow-up date, additional notes	Eligibility pending; daytime wetting, f/up 15/02/2025, undergoing treatment and medication with urologist Eligibility pending; <2 wet nights, provided advice, f/up progress 15/02/2025
No category listed	Count of clients on the CDIS waitlist without any CDIS notes <i>To be included on dashboard so management can monitor use of categories</i>		

Table 2: Standby list categories and documentation

Appointment pathway

The NEP pathway includes key appointments to support structured and effective care delivery (See figure 1: Appointment pathway summary- from referral to program complete):

- Eligibility and readiness assessment appointment - phone call (with parent/caregiver only)
- Program Start - face to face
- Check-In: Phone Call
- 4 week - Signs of Progress Review: face to face
- Fortnightly Review Appointments: phone call (Up to 8)
- Program complete Appointment: face to face

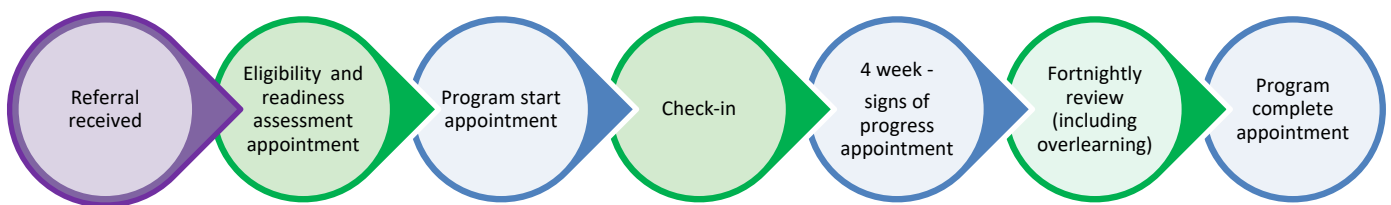


Figure 1: Appointment pathway summary- from referral to program complete

Each appointment serves a distinct purpose in guiding clients and their parents and caregivers through the program and ensuring timely, evidence-based support. The listed modes of delivery represent the preferred format for each appointment. Where clients require the assistance of an interpreter or demonstrate reduced capacity to engage via telephone, appointments may be provided in an alternative format, such as face-to-face, to ensure equitable access to services.

Appointments are captured in the nurses Outlook calendar that is shared with the Enuresis Team and the Line Manager. Refer to [Enuresis \(Nocturnal\) - Nurse Led Program Supporting Information](#) for calendar set up instructions.

More detailed description of purpose, focus of discussion, resources and additional information for each of the appointments can be found in Table 1- 6: Outline of appointments in NEP.

Consent

Implied consent for NEP occurs when clients, through their actions, indicate willingness to proceed with care. It does not require a signed form. If a parent or guardian is absent, explicit consent, verbal or written, must be obtained for another person to be present before continuing.

[CAHS Consent for Release of Information](#) form should be used to obtain consent from parents or caregivers prior to sharing a child's health information with external service providers, such as general practitioners, referrers, or school.

For children in care, the Department of Communities (CPFS) CEO holds parental responsibility under the Children and Community Services Act 2004. This authority is delegated to a case manager to provide consent and manage the child's care plan.

Nurses must communicate concerns, decisions, and consent for referrals to CPFS via the case manager, share all relevant assessment and care planning information, and follow up to ensure actions and referrals are completed.

For more information see [CACH Consent for Services](#) policy.

Conducting appointments:

- A client identification check should be completed at each appointment in line with the CAHS [Patient/Client Identification procedure](#).
- Refer to [Table 3- 8: Outline of appointments in NEP](#) for purpose, discussion focus, suggested resources and additional information for each type of appointment.

Repeating program

- The NEP may be repeated once per client (two attempts total).
- Clients who achieved dryness but later relapsed are eligible to repeat the program as needed and should be prioritised for re-entry (as per [Table 1: Prioritisation matrix](#)).
- If a client is unsuccessful on their first attempt, nurses should agree with the family on a timeframe to reassess and potentially restart the intervention after a short break (less than six months).
- If a client does not achieve dryness after two attempts, they should be discharged and referred to their GP for further assessment and management.
- If the nurse cannot engage the client after the program has started, this counts as one NEP attempt. Parents and caregivers should be informed upfront to ensure clarity and shared expectations. In this case an [CHS153-13 Unsuccessful attempt - Unable to Engage](#) letter should be sent to the referrer, and a [CHS153-7 Missed Appointment - Family](#) may be sent to the family

Documentation:

Nurses maintain accurate, comprehensive and contemporaneous documentation of assessments, planning, decision making and evaluations according to CACH processes.

For information on recording contacts regarding NEP in CDIS see [CDIS Enuresis service tip sheet](#).

Loan agreement:

- Clearly explain the parent or caregivers' responsibilities regarding the care, use, and return of the loaned equipment. Parent or caregiver should also be provided with [Mat and Alarm instructions](#).
- Parent or caregivers should sign the [CHS152 - Bedwetting Program Loan Agreement](#) prior to loan of equipment.
- The signed agreement must be uploaded to CDIS in accordance with [the CACH Digitising Client Health Records](#) procedure. Additionally, a progress note must be entered in CDIS confirming that the document has been signed and uploaded.
- Family should retain the signed agreement for their records when possible. If the agreement is completed electronically, it may be emailed to the family to support this.

Equipment management

All reusable medical equipment provided through the NEP (i.e. mat and alarm) must be managed in accordance with relevant CACH/CAHS policies on medical device use, repair, and loan. This includes:

- Equipment Testing:
 - Electrical Safety Testing (EST) will be conducted by MTMU as part of maintenance or when equipment is sent for servicing
 - Acceptance testing occurs at purchase (including electrical safety testing)
 - Planned Preventative Maintenance (PPM) occurs every 36 months.
 - Reactive maintenance if faults are identified.
 - Prior to issue to families, nurses must test the enuresis mat by placing a metal object (e.g. a paperclip) across the sensor strips to confirm alarm activation. Liquid is not required for testing.
- Cleaning: All returned enuresis mats must be cleaned in accordance with CAHS infection control policies [Appendix 7: Mat handling](#) outlines the procedure for cleaning mats. Nurses must work in line with [Medical Devices: Single Use, Single Patient Use and Reusable](#) procedure and [Standard and Transmission Based Precautions](#). Families should be provided with [Mat and Alarm instructions](#).
- Returns and Repairs: Returned equipment must be checked for function and cleanliness (See [Appendix 7: Mat management](#)). Faulty items must be reported and managed per CACH [Medical Equipment Management](#) procedure and [CAHS Reusable medical device repair](#) policy. Use [Appendix 8 Damaged enuresis mats decision making tool](#) and [Enuresis \(Nocturnal\) - Nurse Led Program Supporting Information](#) to guide decision making.
- Courier Use: If equipment is delivered or returned via courier, follow the [CACH Courier Use procedure](#).

- User manuals: can be found at [CAHS Controlled Operator Manuals](#)
- Equipment tracking: All mat and alarm equipment must be documented and tracked using the designated equipment log, including details of issue, return, condition, and location updates.

All staff involved in the handling, cleaning, and transport of NEP equipment must adhere to CAHS Occupational Health and Safety protocols to minimise risk of injury and exposure.

See [Enuresis \(Nocturnal\) - Nurse Led Program Supporting Information](#) “NEP Equipment Cleaning Checklist for Nurses” for more information.

Unreturned equipment management

Parents or caregivers are given clear, written information at the time of equipment issue, outlining return expectations and timelines to support shared responsibility and service sustainability. If equipment is not returned within the expected timeframe after use or program complete, the following steps should be followed to support its recovery:

- Initial contact attempts by clinician
 - The responsible nurse will make up to three (3) contact attempts with the parent/caregiver using a combination of communication methods (e.g., phone call, email, SMS, or letter).
 - Each attempt must be documented in the client’s record, including the method, date, and outcome.
 - If unsuccessful, the nurse will notify the administrative staff via email (cc’ing CNM), including a summary of contact attempts.
- Follow-up by administrative staff
 - Upon notification, administrative staff will contact the parent/caregiver to request the return of the equipment.
 - This contact must also be documented, including any response or action taken.
 - If the equipment is still not returned, the admin team will notify the Clinical Nurse Manager (CNM), providing a brief summary of all previous contact attempts.
- Escalation to clinical nurse manager (CNM)
 - The CNM will make a final contact attempt with the parent/caregiver and document the outcome.
 - If the equipment remains unreturned, the CNM will arrange for replacement equipment and record the loss and replacement, in line with CAHS [Asset management procedures](#).

Service and team coordination meetings

All meetings will:

- be scheduled and facilitated by the line manager in collaboration with the NEP team.
- held via Microsoft Teams, or in person at the CNM's discretion.
- have notes/minutes taken at each meeting and stored and maintained via an appropriate electronic storage system

Nurses who work part-time or miss a meeting for other reasons are responsible for reading the notes from the missed meeting upon their return to work

Service planning and coordination

A monthly service planning and coordination meeting will be held for all staff involved in the NEP. These meetings aim to support effective coordination, communication and service delivery across the team.

The meeting will provide an opportunity to:

- review and report on key service indicators and outcomes.
- discuss caseload distribution, and service activity.
- plan ahead for staff leave, training, and service coverage.
- discuss and coordinate mat and equipment management.
- discuss emerging service delivery issues as needed.

Data should be entered on Enuresis Service Planning and coordination spreadsheet.

Quarterly team meetings

These meetings occur every three months and are distinct from the monthly service planning and coordination meetings. They focus on broader team engagement, development, and communication.

The meeting is an opportunity to share updates on service planning, policy changes, service improvement, and operational challenges.

An agenda will be prepared and circulated by the Chair prior to the meeting.

Education and Training

All nurses are required to complete training as advised by their CNM. Training requirements may vary depending on the nurse's role, experience, and service needs.

Training may include:

- Recommended:
 - Nocturnal Enuresis Online Training Package (*Available via MyLearning*)

- Optional:
 - Motivational Interviewing (available on CACH L&D SharePoint page)
 - CAHS Kids and Kontinence Study Day

Table 3: Outline of appointments in NEP – Eligibility and readiness assessment appointment

Eligibility and readiness assessment appointment			
Purpose	Discussion focus	Suggested Resources	Additional Information
<p>To identify and address potential concerns early, ensuring families are better prepared and positioned for success throughout the program</p>	<ul style="list-style-type: none"> • Confirm referral suitability • Gather detailed bladder, bowel, sleep, and family history • Identify contributing factors • Provide initial brief education to families • Discuss program expectations • Arrange follow-up as needed 	<p>CHS 150 Referral form</p> <p>CHS151 Eligibility and readiness assessment form</p> <p>Bladder bowel diary</p> <p>CHS825 My Care Plan</p> <p>CHS153-1 Decline referral – Family</p> <p>CHS153-2 Decline referral – Referrer</p> <p>CHS153-14 Welcome to the program – Family</p> <p>CHS725 Consent for sharing information</p>	<p>Must be conducted with the client’s primary parent or caregiver. Older clients can be included at the nurse’s discretion.</p> <p>If the parent or caregiver is unsure or lacks sufficient knowledge of the client’s bladder and bowel habits, the assessment may be conducted over two sessions to allow time for accurate information gathering. A bladder and bowel diary can be used to assist in collecting this information.</p> <p>CHS825 My Care Plan should be used to support families in addressing issues identified when needed.</p> <p>Where additional information needs to be conveyed to a GP or another service provider involved in supporting the client with identified needs, staff are required to complete the CHS663 Clinical Handover/Referral Form as per the Clinical Handover - Nursing.</p> <p>Relevant letters should be sent to the family and/or referrer based on the outcome of the discussion</p> <p>If adding client to standby list, client categorisation and prioritisation must be recorded in CDIS using the standardised note template (Table 2: Standby list categories and documentation)</p>

Eligibility and readiness assessment appointment

Purpose	Discussion focus	Suggested Resources	Additional Information
			<p>Following assessment, referrals must be marked as accepted or declined, based on the assessment outcome.</p> <p>Use CDIS notes to clearly and contemporaneously document all education/advice, discussions, and outcomes including:</p> <ul style="list-style-type: none"> • Referral details: Source, reason, and program suitability. • Clinical history: Fluid intake, bladder/bowel patterns, sleep habits, and family/psychosocial context. • Education given: Topics discussed, materials provided, and family engagement. • Program overview discussions: Individual plan, expectations, and any concerns raised. • Care Planning: Standby status and prioritisation rationale (if applicable). Referrals and use of CHS825 My Care Plan (if applicable). Goals for the next two weeks, agreed strategies, responsibilities, supports, and follow-up.

Table 4: Outline of appointments in NEP – Program start

Program start appointment			
Purpose	Discussion focus	Suggested Resources	Additional Information
<p>To commence the NEP, engage the client, and outline expectations, including:</p> <ul style="list-style-type: none"> • aims of program • client’s responsibilities • individualised goal setting • instruction on alarm and mat use and care. 	<ul style="list-style-type: none"> • Commence NEP • Explore client’s perspective and goals • Discuss program expectations (e.g. 28 dry nights or 90% reduction in wet nights per week) • Introduce documentation • Demonstrate mat and alarm use • Provide instructions for care of mat. • Set goals for next four weeks. • Discuss and book follow up appointments 	<p>CHS152 Bedwetting Program Loan agreement</p> <p>Progress diary</p> <p>Mat and alarm instructions</p> <p>CHS725 Consent for sharing information</p> <p>CHS153-11 Teacher letter</p>	<p>Client and their parent or caregiver must attend the first appointment in person. Their presence is essential for ensuring a comprehensive understanding of the client's needs and establishing a collaborative support plan.</p> <p>Direct conversation primarily to the client to encourage engagement.</p> <p>Allow time for questions and open discussion.</p> <p>Emphasise the importance of the client’s active participation throughout the program.</p> <p>Initial goals may focus on reducing wet patch size, response to the alarm, or making lifestyle adjustments (e.g. toileting habits, fluid intake, diet).</p> <p>Reinforce that success depends on consistency and support.</p> <p>Ensure the client understands how to record progress using progress diary.</p> <p>Complete CHS152 Bedwetting Program Loan agreement during this appointment.</p> <p>Troubleshoot any concerns about alarm use or practical barriers</p> <p>If indicated, nurses may use CHS153-11 Teacher letter to engage the school in supporting the client’s progress toward their goals. Consent for information sharing must be obtained from the parent/caregiver as per CACH Consent for Services</p>

Program start appointment

Purpose	Discussion focus	Suggested Resources	Additional Information
			<p>Use CDIS notes to clearly and contemporaneously document all education/advice, discussions, and outcomes including:</p> <ul style="list-style-type: none"> • program start: Overview of the NE program and family response. • Client goals: Client/family perspectives, goals, and motivation. • Program targets: Expected outcomes (e.g., 28 dry nights or 90% reduction) and family understanding. • Tracking tools: Introduction and instructions for progress diary and client understanding. • Mat and alarm: Demonstrated mat and alarm use; documented client/family confidence. Provided care instructions and noted any concerns. • Care plan: Goals for the next four weeks, agreed strategies, responsibilities, supports, and follow-up

Table 5: Outline of appointments in NEP – Check in (review) appointment

Check in appointment			
Purpose	Discussion focus	Suggested Resources	Additional Information
<p>To check in with the family and client, provide support, address any issues, and encourage continued engagement with the program</p>	<ul style="list-style-type: none"> Review client's progress and engagement Troubleshoot any issues with alarm use or recording Reinforce key program messages (e.g. toileting, fluid intake) Encourage and motivate the client Clarify any misunderstandings or concerns Discuss and book follow up appointments (as needed) 	<p>Nil</p>	<p>Occurs no more than two weeks after first appointment</p> <p>Speak directly with the client where possible to promote ownership</p> <p>Confirm alarm is functioning and being used correctly</p> <p>Ensure progress diary is being completed</p> <p>Use CDIS notes to clearly and contemporaneously document all education/advice, discussions, and outcomes including:</p> <ul style="list-style-type: none"> Progress and engagement: Summary of client's progress, engagement level, and patterns in dry/wet nights. Alarm and recording Issues: Any troubleshooting related to alarm use or diary completion. Program reinforcement: Key messages revisited (e.g., toileting habits, fluid intake). Motivation and support: Encouragement provided and client/family response. Clarifications: Any misunderstandings addressed, or concerns discussed. Next steps: Follow-up appointment details, including date/time and focus.

Table 6: Outline of appointments in NEP – Signs of progress appointment

4 week -Signs of progress appointment			
Purpose	Discussion focus	Suggested Resources	Additional Information
<p>To assess the client’s progress after four weeks on program and determine whether to continue with program, or place the client on hold</p>	<ul style="list-style-type: none"> Review of progress using diary and parent/client feedback Assess key indicators of response (e.g. smaller wet patches, waking to alarm, increased dry nights) Review how the client is going with their individual goals, and adjust goals as needed Explore any barriers to progress and possible solutions Decide whether to continue or place 	<p>CHS153-3 First attempt letter unsuccessful- Family</p> <p>CHS153-12 Unsuccessful attempt letter – referrer</p> <p>CHS153-4 Second attempt unsuccessful - family</p>	<p>This is a critical decision-making appointment and should be conducted face to face whenever possible.</p> <p>Lack of progress after 4 weeks requires the program to be placed on hold. Ceasing at this stage will reduce the burden of unnecessary treatment and maintain motivation for future attempts¹¹</p> <p>Consider requesting family bring mat and alarm to this appointment.</p> <p>If placing on hold, proceed with ‘on hold’ process, including return of mat and uploading documentation to CDIS</p> <ul style="list-style-type: none"> Clearly explain the reason for the break and what needs to occur before resuming Consider referring back to GP or other services if contributing issues are identified Provide letters to family and/or referrer as needed Provide support and reassurance to minimise client/family disappointment <p>Use CDIS notes to clearly document all education/advice, discussions, and outcomes including:</p> <ul style="list-style-type: none"> Progress review: Diary and parent/client feedback.

4 week -Signs of progress appointment

Purpose	Discussion focus	Suggested Resources	Additional Information
	<p>the program on hold</p> <ul style="list-style-type: none"> • Provide encouragement and acknowledge the client's efforts • Discuss and book follow up appointments (as needed) 		<ul style="list-style-type: none"> • Response indicators: Wet patch size, alarm response, dry nights. • Goal review: Progress toward goals; adjustments made (if required). • Barriers: Challenges and solutions. • Program status: Continue or place on standby list as repeater. • Support: Encourage and acknowledge effort. • Next steps: Follow-up appointment details, including date/time and focus

Table 7: Outline of appointments in NEP – Review appointment

Review appointments			
Purpose	Discussion focus	Suggested Resources	Additional Information
<p>To provide ongoing support, assess progress, troubleshoot issues, and encourage continued engagement as the client works toward sustained dryness and overlearning</p>	<ul style="list-style-type: none"> Briefly review progress and dry night count Troubleshoot any challenges with alarm use or routines Adjust goals or strategies if needed Encourage and motivate the client Introduce overlearning after 14 consecutive dry nights or 90% reduction in wet nights per week (e.g. increased fluid intake before bed) 		<p>Appointments should remain brief, and solution focused.</p> <p>Continue check-ins every 2 weeks until program goals are met or for a maximum of 20 weeks</p> <p>Overlearning phase should continue for an additional 14 dry nights to consolidate progress once 14 dry nights has been achieved</p> <p>If the family wishes to stop at any point, respect their decision and arrange a program complete appointment. Place client on standby list as repeater and indicate date for contact (within 4 months).</p> <p>Use CDIS notes to clearly and contemporaneously document all education/advice, discussions, and outcomes including:</p> <ul style="list-style-type: none"> Progress summary: Overall progress and dry night count (i.e. Week 8; Dry 5/14 consecutive). Troubleshooting: Alarm use or routine challenges. Goal review: Progress toward goals; adjustments made (if required). Overlearning: Introduce if 14 consecutive dry nights or 90% reduction achieved (e.g., increased bedtime fluids).

Review appointments

Purpose	Discussion focus	Suggested Resources	Additional Information
	<ul style="list-style-type: none">• Confirm client and family are happy to continue• Reinforce program expectations and celebrate progress		<ul style="list-style-type: none">• Program continuation: Confirm family's willingness to proceed.• Next steps: Follow-up appointment details, including date/time and focus

Table 8: Outline of appointments in NEP – Program complete appointment

Program complete appointment			
Purpose	Discussion focus	Suggested Resources	Additional Information
<p>To formally conclude the program, collect equipment, review outcomes, and provide next steps based on the client’s progress and family preference</p>	<ul style="list-style-type: none"> • Confirm reason for program complete (e.g. completion, lack of progress, or family withdrawal) • Collect and check alarm/mat equipment • Review overall progress and program outcomes with client and family • Provide appropriate program complete documentation: <ul style="list-style-type: none"> ○ Completion letter for successful attempts (28 dry nights) 	<p>CHS153-9 Successful attempt letter – referrer</p> <p>CHS153-8 Successful attempt letter - family</p> <p>CHS153- First attempt unsuccessful – Family</p> <p>CHS153-12- Unsuccessful attempt–referrer</p> <p>CHS153-4 Second attempt unsuccessful - family</p>	<p>Program complete appointments must be conducted face-to-face</p> <p>Outcome from this appointment can either be “successful” or “unsuccessful”.</p> <p>Ensure equipment is returned and cleaned as per protocol</p> <p>Clearly explain that the program can only be attempted twice; further difficulties should be discussed with a GP</p> <p>Use this appointment to affirm the client’s efforts and provide encouragement, regardless of outcome</p> <p>If the child has been unsuccessful on their first attempt, nurses should collaborate with the family to agree on a timeframe for reassessment and potential re-entry into the program after a short break (less than six months).</p> <p>If the child has been unsuccessful on a second attempt, they should be discharged from the program and referred to their GP for further management.</p> <p>If the client was successful, advise the family that in the event of a relapse, they can contact the NE program, as early re-engagement leads to better outcomes</p> <p>Use CDIS notes to clearly and contemporaneously document all education/advice, discussions, and outcomes including:</p>

Program complete appointment

Purpose	Discussion focus	Suggested Resources	Additional Information
	<ul style="list-style-type: none"> ○ Unsuccessful attempt letter if program was not successful • Discuss future options, including when a re-referral is appropriate (if eligible) 		<ul style="list-style-type: none"> • Program completion reason: Completion, lack of progress, or family withdrawal. • Equipment return: Alarm/mat collected and checked. • Outcome review: Summary of progress and program outcomes. • Program completion documentation: <ul style="list-style-type: none"> • <i>Completion letter</i> (28 dry nights achieved). • <i>Unsuccessful attempt letter</i> (if goals not met). • Future planning: Discuss re-referral criteria and options if needed.

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Related internal policies, procedures and guidelines
The following documents can be accessed in the CH Clinical Nursing Manual: HealthPoint link or Internet link or for WACHS staff in the WACHS Policy link
School-aged health services - primary
School-aged health services - secondary
Clinical Handover - Nursing
Infection Control Policies - CAHS

Related internal resources (including related forms)
Bedwetting - CAH-003428 Parent brochure: available to order
Enuresis Service CDIS Tip Sheet

Related external resources (including related forms)
Bedwetting alarms and medication- Continenence Foundation of Australia
Kids Wetting the Bed- Continenence Foundation of Australia
Bladder and bowel for children Australian Government Department of Health
Bladder Diary - Continenence Foundation of Australia
Nocturnal Enuresis Toolkit
Manufacturer manual for mat and alarm http://ramseycoote.com.au/
Raising Children Network - Bedwetting
Resources available Continenence Foundation of Australia (available in in Languages other than English [LOTE])

This document can be made available in alternative formats on request.

Document Owner:	Nurse Director, Community Health		
Reviewer / Team:	Clinical Nursing Policy Team		
Date First Issued:	11 December 2018	Last Reviewed:	December 2025
Amendment Dates:		Next Review Date:	17 December 2026
Approved by:	Community Health Nursing Leadership Group	Date:	3 December 2025
Endorsed by:	Executive Director - Community Health	Date:	17 December 2025
Aboriginal Impact Statement and Declaration (ISD)		Date ISD approved:	December 2025
Standards Applicable:	NSQHS Standards:  Child Safe Standards: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10		

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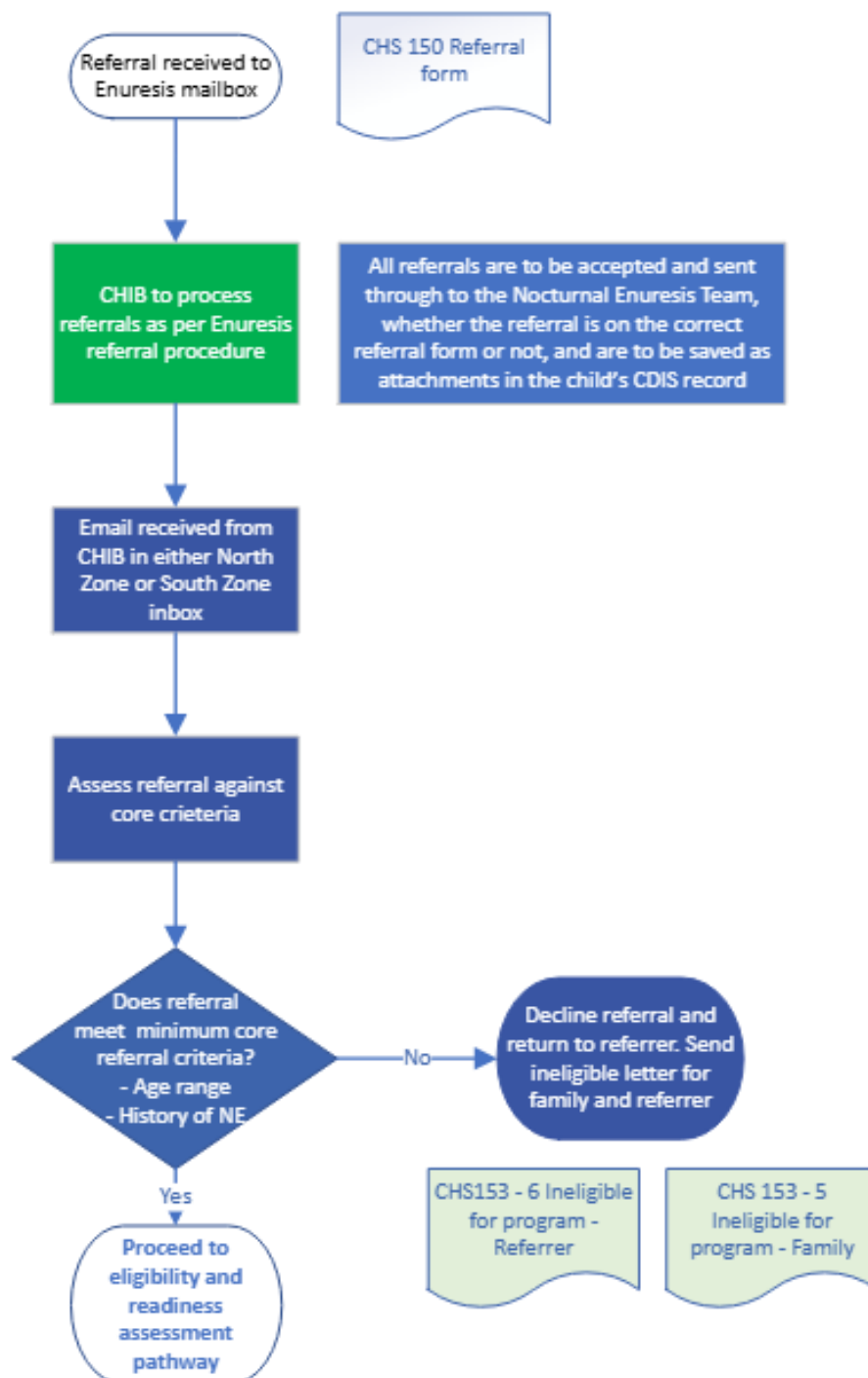


Healthy kids, healthy communities

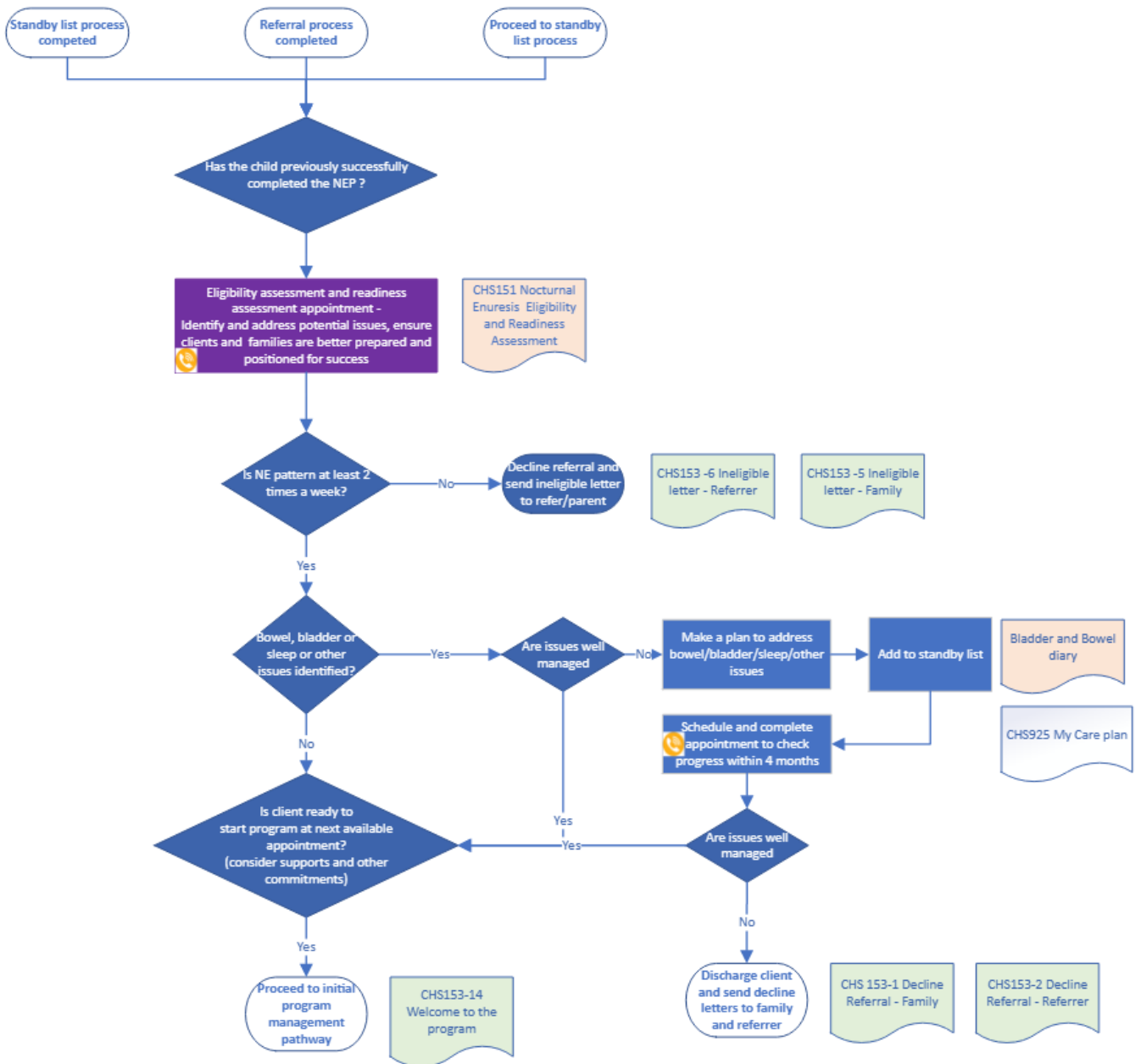
Compassion
Excellence
Collaboration
Accountability
Equity
Respect

Neonatology | Community Health | Mental Health | Perth Children's Hospital

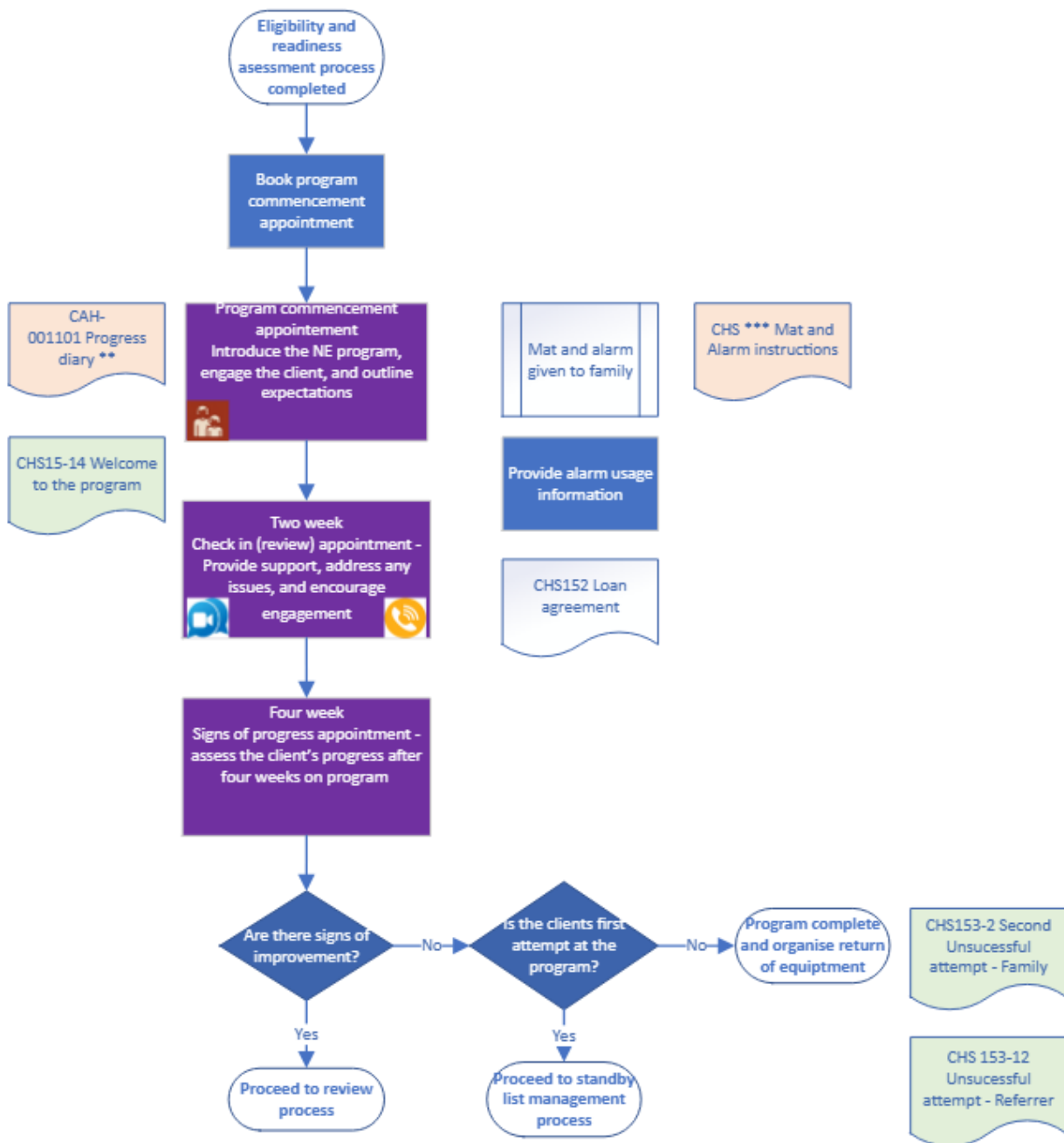
Appendix 2: Referral process



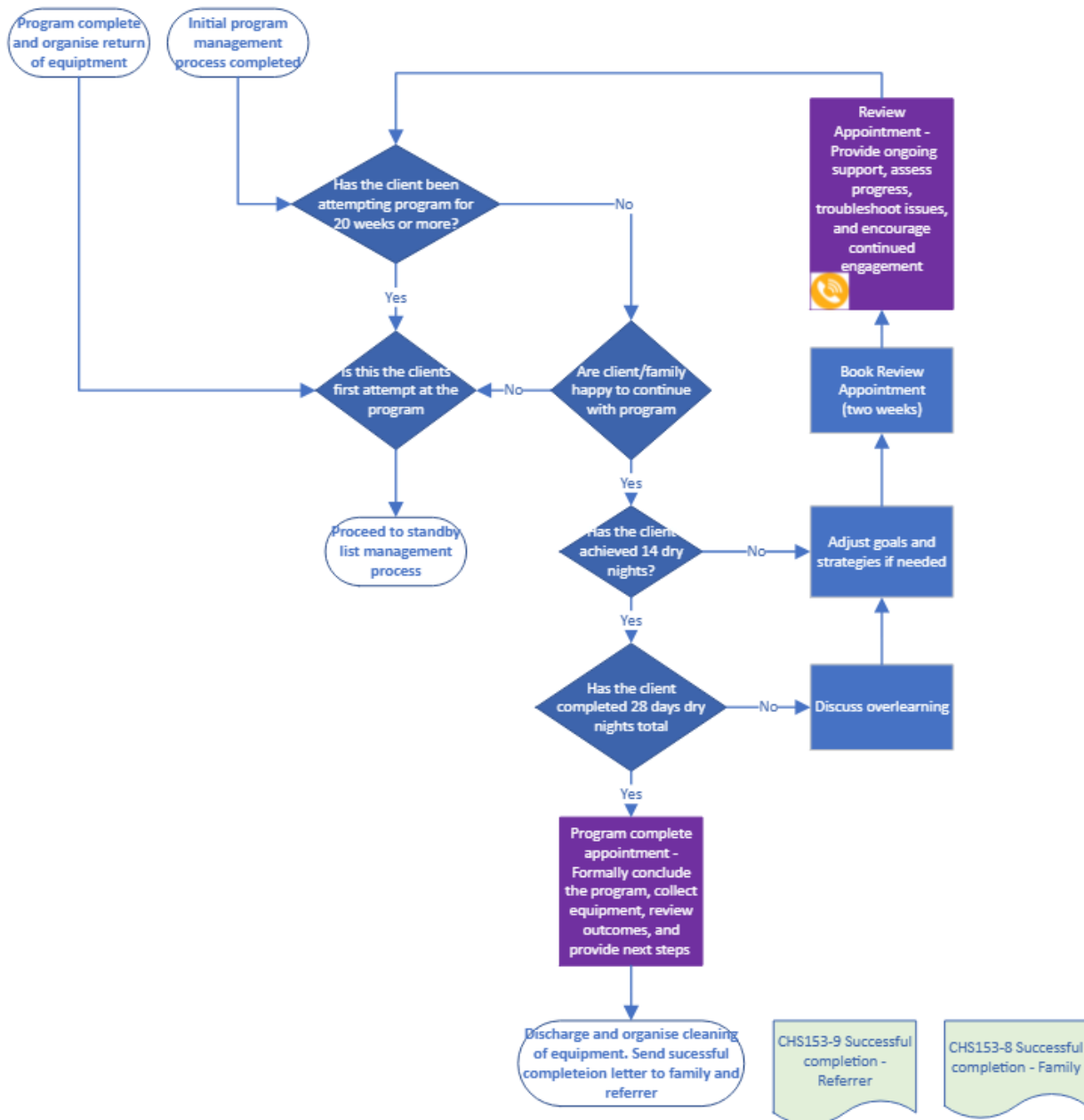
Appendix 3: Eligibility and readiness assessment process



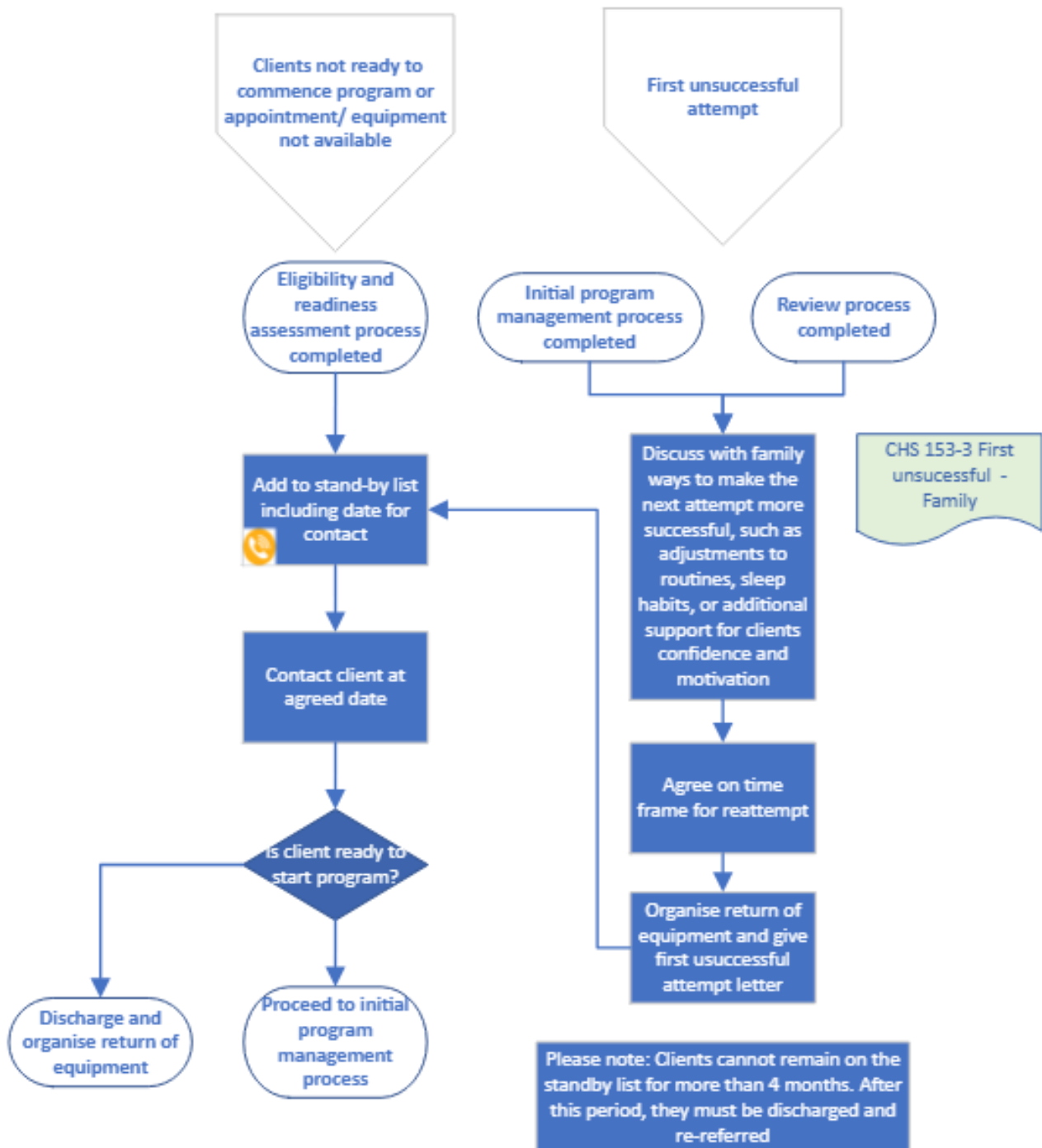
Appendix 4: Initial program management process



Appendix 5: Review process



Appendix 6: Standby list process



Appendix 7: Mat handling

Purpose:

To outline the correct process for preparing, packing, and dispatching enuresis mats to Perth Children's Hospital (PCH) Central Sterile Services Department (CSSD) for cleaning.

Note: This process is NOT in accordance with manufacturer instructions but complies with CAHS infection control requirements and Occupational Safety and Health (OSH) requirements.

Preparation of Mats for Transport to PCH CSSD

Steps	Additional Information
<p>1. Don personal protective equipment (PPE)</p> <p>Don gloves, eye protection, and an apron</p>	<p>See CAHS infection control Standard and Transmission Based Precautions and Exposure to Blood or Body Fluids guidelines for more information</p> <p>All nurses must comply with OSH requirements for safe handling, lifting, and transporting of materials within the clinic</p>
<p>2. Clean returned mats and inspect for damage</p> <p>Use detergent wipes to thoroughly clean the surface of each returned mat</p> <p>Check the mat for any signs of damage (e.g., tears, punctures).</p>	<p>If in good condition, place in suitable location in clinic to await transport for cleaning. This location should be separate to clean mats and clearly marked "For PCH cleaning"</p> <p>Refer to the Appendix 8: Damaged Mat Decision-Making Tool if damage is found.</p> <p>Ensure that each mat has an ID tag and barcode for processing by PCH CSSD.</p>
<p>3. Prepare transport box</p> <p>Place an open plastic liner inside a 50L transport box</p>	<p>Ensure that the box is securely placed on the CLAX trolley for ease of movement</p> <p>Avoid dragging, pushing or pulling boxes</p>
<p>4. Lay mat flat</p>	<p>Ensure mat is air dried prior to placing mat in transport box</p>

Steps	Additional Information
Lay the mat flat within the plastic liner inside the transport box	
<p>5. Repeat Steps for Additional Mats</p> <p>Continue steps 2–7 for up to five (5) mats per box</p>	<p>Ensure the total weight of the box does not exceed 9kg (5 mats, with each mat weighing 1.8 kg)</p> <p>If more mats need to be packed, repeat the preparation process and ensure that each box does not exceed the weight limit of 9kg</p>
<p>6. Seal the Box</p> <p>Roll the edges of the plastic liner tightly to secure the contents of the box</p>	
<p>7. Doff PPE and perform hand hygiene</p> <p>Remove gloves, apron, and eye protection.</p> <p>Wash hands thoroughly to prevent contamination of the box exterior</p>	<p>See hand hygiene procedure for more information</p>
<p>8. Secure box lid</p> <p>Place the lid on the box and fasten it securely using the provided clips</p>	
<p>9. Transport to storage area</p> <p>Wheel the CLAX trolley with the prepared boxes to the designated pick-up or storage area</p>	
<p>10. Update database</p> <p>Record the returned mats in the database, noting that they are scheduled for cleaning at PCH CSSD</p>	

Transporting mats using courier service

Steps	Additional Information
<p>1. Prepare mats for courier</p> <p>Ensure that each box is labelled with the clinic's name, address, and contact mobile number to ensure proper return</p>	<p>All nurses must comply with OSH requirements for safe handling, lifting, and transporting of materials within the clinic</p> <p>If no clinic staff are available to prepare, send, or receive mats, the</p>

Steps	Additional Information
	nurse is responsible for notifying the CNM to inform PCH and the courier service
<p>2. Contact Courier Service</p> <p>See Nocturnal Enuresis courier process for your zone</p> <p>Inform courier they are for PCH CSSD</p>	<p>Ad-hoc courier pickups or drop-offs to PCH are not permitted without prior approval from the CNM</p> <p>The courier must use a CLAX trolley or dolly to transport boxes between the clinic and the vehicle.</p> <p>Ensure the courier places the boxes in a safe, designated area within the clinic to avoid lifting hazards</p> <p>Both the person sending and receiving the boxes should sign the courier's documentation</p> <p>If the courier route changes, immediately notify the courier via email and confirm by phone to ensure only the affected route is modified</p> <p>If there are any changes to the transport schedule, notify the courier and include the CNM in all communication.</p>
<p>3. Clean CLAX trolley</p> <p>After the boxes are collected, clean the CLAX trolley using detergent/disinfectant wipes to prevent cross-contamination</p>	

Receiving clean mats from PCH CSSD

Steps	Additional Information
<p>1. Receive returned mats</p> <p>Each box should contain up to five (5) clean mats, each wrapped separately in a clear plastic bag</p>	<p>All nurses must comply with OSH requirements for safe handling, lifting, and transporting of materials within the clinic</p>
<p>2. Proof of disinfection</p>	

Steps	Additional Information
Ensure that proof of disinfection is included inside the box for record-keeping	
3. Cross-reference with database Cross-reference the returned mats with the records from the previous shipment in the clinic's database (W Drive)	
4. Inspect mats for damage Check each returned mat for any damage or defects	Record any damage on spreadsheet
5. Store clean mats Remove mats from the plastic packaging and place them in the designated storage cupboard	
6. Update database Record the location and ID tag numbers of each returned mat in the clinic's database	
7. Clean and store empty boxes Once the box is empty, clean it with detergent wipes, leave it to dry, and then wheel it back to storage on the CLAX trolley	

Important:

All mats are couriered between clinics

- Transferring mats in personal vehicles must be approved by the CNM

Appendix: 8 Damaged mats decision making tool

