Nocturnal Enuresis Pathway

A CHILD PRESENTS WITH BEDWETTING. "THE NICE APPROACH" is a Under 4 years: Reassure and advise to useful approach to establish if the child has primary/secondary enuresis or continue to follow NICE associated problem advice and to seek help from Health visitor or School Health Nurse. No progress within 4 -6 weeks after implementation of initial advice: https://www.nice.org.uk/g Reassess number of wet nights/week, size of wet patches, number of uidance/cg111/chapter/1times/night, time of occurrence using Night Time Diary Guidance#children-under-Discuss, explain, and offer treatment options 5-years-with-bedwetting *Constipation to be manage before enuresis (see constipation pathway)* Implement bedwetting alarm as *first-line treatment* in accordance with NICE Liaise with school guidelines: nurse to help Alarm is undesirable or considered inappropriate: implement treatment plan Parents/ carer having difficulty coping such as initial advice Parents or carer expressing anger, negativity or blame towards the child. YES NO Implement Initial treatment: desmopressin **BEDWETTING ALARM** Offer desmopressin to children and young people over 7 years, Loan from Malem alarm if:

- rapid-onset and/or short-term improvement in bedwetting is the priority of treatment **or**
- an alarm is inappropriate or undesirable.

Consider desmopressin for children aged 5 to 7 years if treatment is required and:

- rapid-onset and/or short-term improvement in bedwetting is the priority of treatment **or**
- an alarm is inappropriate or undesirable.

Do not exclude desmopressin as an option for the management of bedwetting in children and young people who also have daytime symptoms. However, **do not use** desmopressin in the treatment of children and young people who only have daytime wetting.

Lower dose of desmopressin to be prescribed as British

National Formulary for Children (BNFC)

https://bnfc.nice.org.uk/drugs/desmopressin/

Assess the response to desmopressin at 4 weeks and continue treatment for 3 months if there are signs of a response. **Discharge** if nonstop dry nights has been achieved for **14 - 28 days**. GP to follow up.

NO RESPONSE

Consider stopping or lower dose increase if there are no signs of response. Referral to Tertiary care(RLH)

Loan from Malem alarm Bedwetting demonstration using (<u>Malem MO3</u> <u>Bedwetting Alarm (youtube.com)</u>

Follow up with 6-8 weeks for signs of response: reduce wet patches, waking to the alarm, alarm not going off as frequent, evidence of dry nights.

NO RESPONSE

combination treatment with an alarm and desmopressin. Desmopressin alone if continued use of an alarm is no longer acceptable.

RESPONSE

Assess the response to an alarm by 4 weeks and continue with treatment if the child or young person is showing early signs of response. Stop treatment only if there are no early signs of response. Signs of response include: smaller wet patches, fewer wetting episodes & wet nights Remains dry for **14 - 28** days consecutively. **Discharge from**

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Tower Hamlets Children and Young People Guideline Constipation Management

Document Control Information

This document was created collaboratively between Tower Hamlets CCG and Barts Health NHS Trust. The document has been approved locally for use within the London Borough of Tower Hamlets.

Lead Author	Nora Bowen	Author Position	Paediatric Continence Nurse Specialist / Lead & Community Practitioner Nurse Prescriber
Additional	Yasmine Korimbux -Senior Transformation Manager / Lead Pharmacist, NEL		
Contributor (s)	ICB		
	Julia Moody, GP and TH children Clinical Lead		

Approved By	Julia Moody, April 2024	
Approved By	Susie Minson, April 2024	
Approved By	Nora Bowen, April 2024	
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Document Overview

This document acts as a guideline and advises on the pathway and procedures which need to be followed when diagnosing and referring patients for treatment. This guideline should be used in conjunction with the users' clinical judgement.

Safeguarding Concerns about Safeguarding should be managed as per LSCB/London Child Protection Procedures https://www.londonsafeguardingchildrenprocedures.co.uk/ NICE Guidance to be used where appropriate. - https://www.nice.org.uk/guidance/cg89