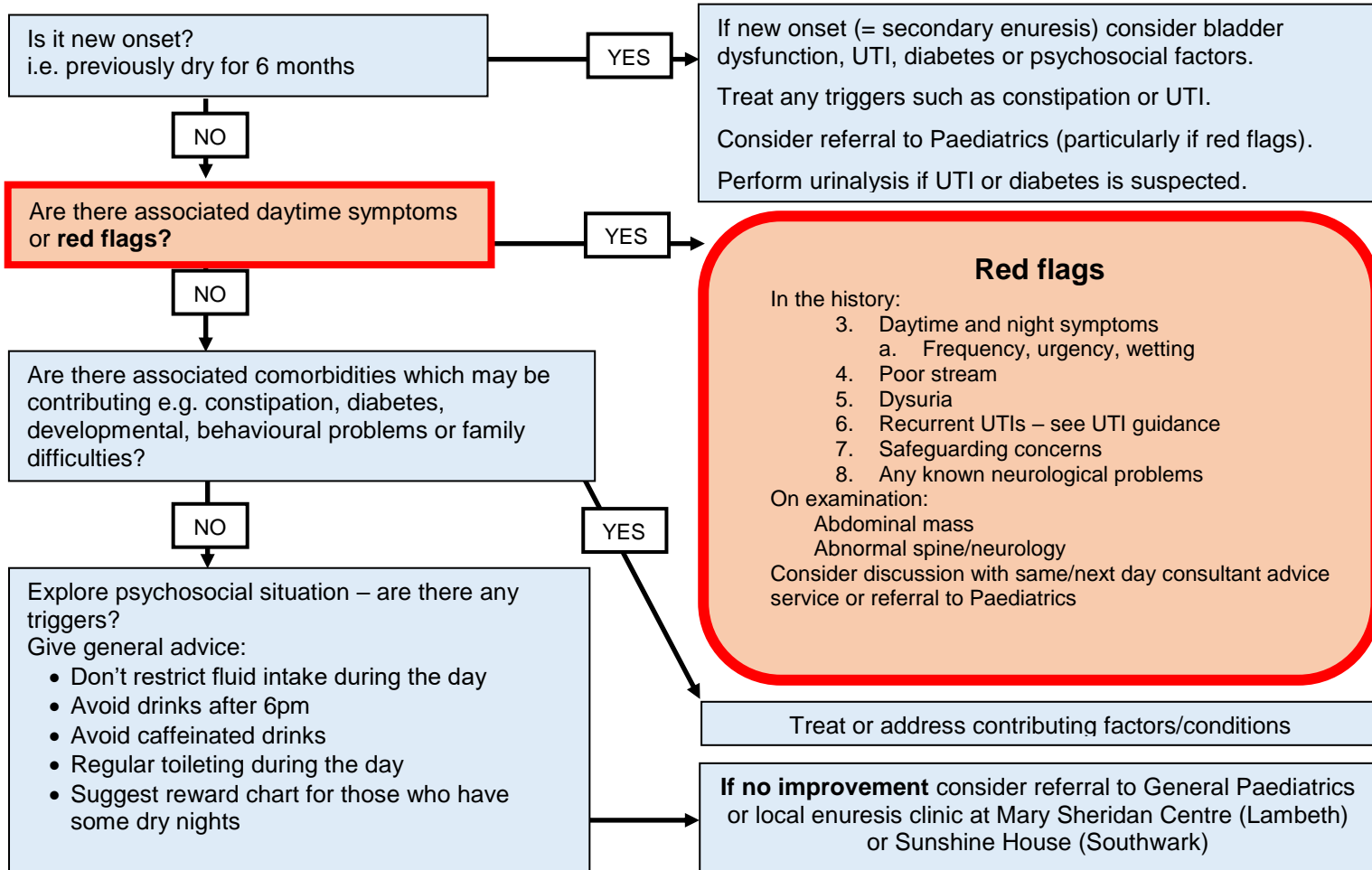


General Paediatrics / Primary Care

Management of nocturnal enuresis in children and young people



Effective from: February 2017
Review date: February 2020



Referral

For advice from a Paediatric consultant:

Evelina London:
Phone: CARS service via Consultant Connect (11:00-19:00 Mon-Fri)
Email: general.paediatrics@nhs.net

King's College Hospital:
Phone: Hotline via Consultant Connect (08:30–24:00 Mon-Fri, 08:30-20:00 Sat-Sun)
Email: kch-tr.ambulatorypaediatrics@nhs.net

For routine referrals to general paediatrics:

Evelina London and King's College Hospital: via ERS

For Referrals to Community Services (including enuresis clinic)

Lambeth: Mary Sheridan Centre
Southwark: Sunshine House

Link to access referral form/contacts:
<http://www.evelinalondon.nhs.uk/our-services/community/community-paediatrics/referrals.aspx>

See also: www.eric.org.uk

Treatment options

Nocturnal alarm from Community Mary Sheridan/Sunshine House clinics
1st line treatment if no response to other measures (see <https://www.eric.org.uk/Blog/10-tips-for-using-a-bedwetting-alarm> for advice)

Desmopressin can be considered in >5yrs:
Desmopressin can be given up to 1 hour before bedtime – fluids should be restricted for 1 hour before administration and 8 hrs after – because of risk of hyponatraemia

- 2nd line if no response to other measures/alarm or
- 1st line where alarm not possible/rapid control needed e.g. school trip

Assess success after 4 weeks and continue for 3 months if there is some response

If desmopressin is being used long-term, withdraw for one week every 3 months to see if dryness has been achieved.

Top Tips

- Nocturnal enuresis is common: **20% 4-5 year olds wet bed 1-2/week, 9% of 9 year olds so do not refer too early**
- Explore background and family history; avoid "blame"
- be holistic: Child should be encouraged, and engaged in treatment plans
- Waking and lifting at night are often not effective long term
- Reward systems work – reward behaviour, not only dryness e.g. drinking enough
- Explore reasons why treatments may not be working such as sleeping arrangements, impact of bedwetting on other members of the family

References: [NICE guidance \(CG111\)](https://www.nice.org.uk/guidance/CG111) or www.eric.co.uk

Wherever possible, licensed medicines and doses are recommended for children. However, most medicines, whilst evidence-based, safe and effective for children, aren't necessarily licensed. . Where unlicensed doses and medications are being prescribed, informed consent should be obtained from the patient and documented.