



# Nocturnal Enuresis Program Guideline

## 1. Guiding Principles

The WA Country Health Service (WACHS) Nocturnal Enuresis Program assists children (aged 5½ to 18 years) and their families with nocturnal bedwetting. Night time bedwetting is a common childhood condition that is amenable to intervention, involving a 6 – 8 week program using a mat and alarm system.

The WACHS Nocturnal Enuresis Program is a nurse-led intervention conducted in the family home which features child and family goal-setting, using a rubber sensory mat, a rechargeable electronic alarm and a progress chart. The program aims to educate and condition children to achieve night-time continence by recognising and responding to a full bladder.

The program is child-centred. It supports parents to manage the program at home and encourages the child to take responsibility for changing their behaviour and achieving night dryness.

### Out of Scope

- The WACHS Nocturnal Enuresis Program is for monosymptomatic bedwetting and does not address daytime incontinence, faecal incontinence, ongoing issues with constipation or sleep disorders.
- Children outside the ages of 5½ to 18 years will not be accepted into the program.

## 2. Procedure

Children and their families may be referred to the WACHS Nocturnal Enuresis Program by a health professional, or families may self-refer. Assessment by General Practitioner or Paediatrician or Paediatric Urologist is a prerequisite of program access.

Eligibility criteria include:

- Child aged 5½ to 18 years of age
- Child bedwetting more than twice weekly
- Family or carer support to engage with the program
- Daytime urine and bowel continence
- No major changes to the home environment or child's sleeping arrangements
- No acute illness or injury which may disrupt child's mobility or usual sleeping place and habits
- No evidence of recent abuse or ongoing issues associated with past abuse which may interfere with the Program.

The program consists of an initial appointment and fortnightly appointments (phone, telehealth or face-to-face), over 6 to 8 weeks. Children with learning disabilities or behavioural problems may require a longer duration to achieve goals.

The Nocturnal Enuresis Program flowchart provides an overview, see [Appendix A](#). The detailed program outline and resources are located in the [Healthy Country Kids Intranet](#) site.

### 3. Definitions

<b>Bladder bowel dysfunction</b>	Concomitant bladder and bowel disturbances of clinical significance and relevance. It can be subcategorised into lower tract dysfunction and bowel dysfunction.
<b>Urinary incontinence</b>	Involuntary leakage of urine.
<b>Daytime incontinence</b>	Intermittent continence while awake.
<b>Enuresis</b>	Intermittent urinary incontinence exclusively during sleep.
<b>Monosymptomatic</b>	Enuresis with no daytime lower urinary tract symptoms.
<b>Non-monosymptomatic</b>	Enuresis as well as other urinary tract symptoms.
<b>Primary</b>	Never been dry at night for more than six months.
<b>Secondary</b>	Have previously been dry at night for at least six months.

### 4. Roles and Responsibilities

**WACHS Population Directors and Managers** ensure enough staff are trained and supported to provide services for children and families who require the Nocturnal Enuresis Program, and ensure access to adequate equipment (mats and alarms).

**Community Health Nurses** delivering the Nocturnal Enuresis Program must be trained and supported to provide the Program, and must adhere to the WACHS Nocturnal Enuresis [Program Outline](#).

**All Staff** are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

### 5. Compliance

Failure to comply with this policy document may constitute a breach of the WA Health system Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

### 6. Records Management

All WACHS child and school health activity is recorded in the Community Health Information System (CHIS). Note clinical items for the Enuresis in the [School Clinical User Guide](#).

## 7. Evaluation

Monitoring of compliance with this document is to be carried out annually by the Program Manager Population Health in collaboration with senior regional Population Health staff.

Community Health Nurses delivering the Nocturnal Enuresis Program are required to contact each family six months post program, whether or not the program achieved the desired outcomes. Families are to be asked standard questions and responses are to be recorded by staff in a WACHS-wide online survey.

## 8. Standards

[National Safety and Quality Health Service Standards](#) (Second edition 2017) 2.1, 5.3

## 9. References

The Children's Hospital at Westmead and John Hunter Children's Hospital, 2018. Nocturnal Enuresis Resource Kit: [2<sup>nd</sup> Edition – A tool for healthcare professionals](#)

Australian Continence Foundation – [professional information](#)

WACHS [Healthy Country Kids Program: an integrated child health and development service strategy 2016-2019](#)

## 10. Related Forms

WACHS Community Health Services E-Referral form (CHIS)

## 11. Related WA Health System Policies

[Information Management Policy Framework](#)

Department of Health [Guidelines for Protecting Children 2015](#)

## 12. Policy Framework

[Clinical Governance, Safety and Quality](#)

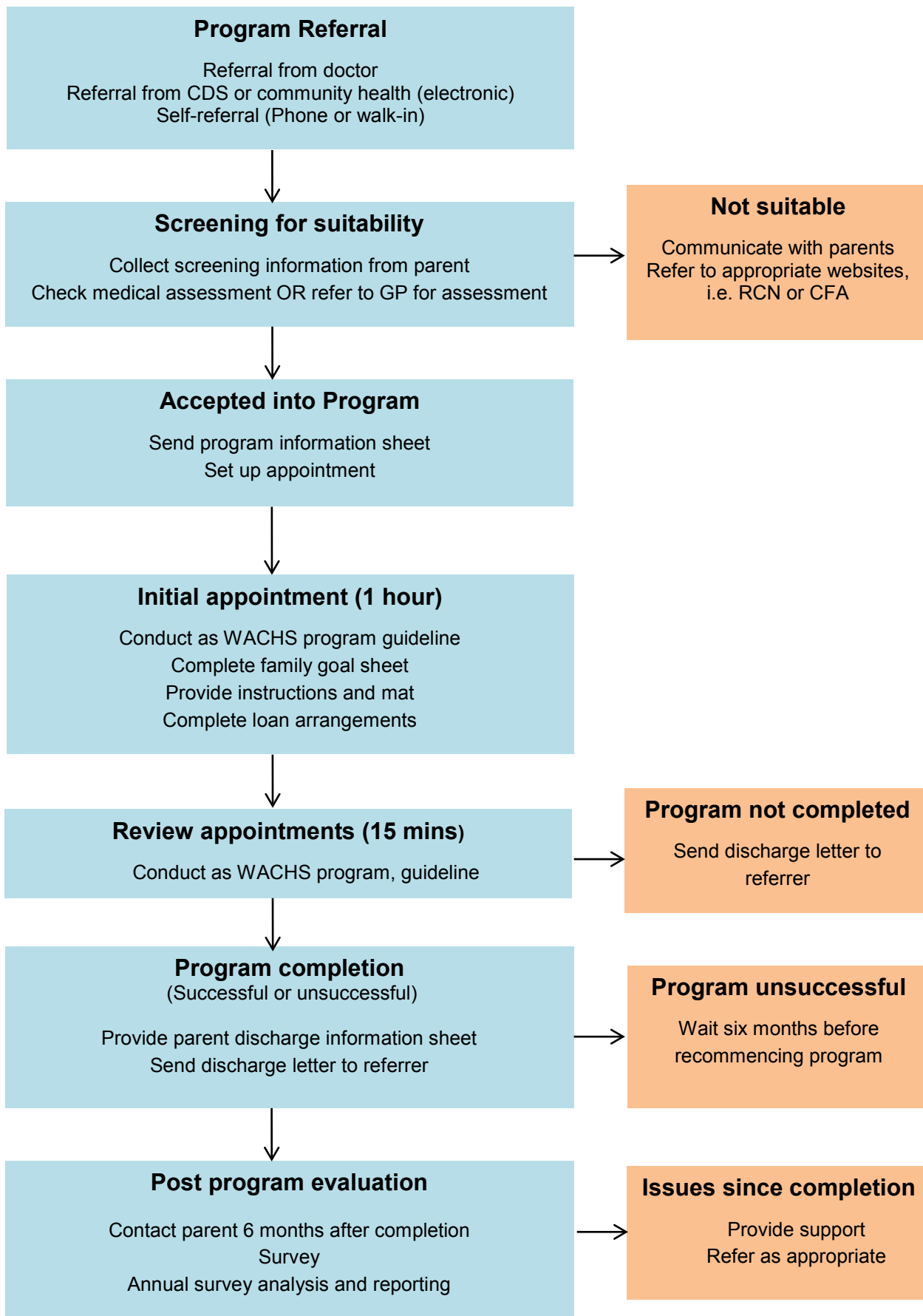
[Clinical Services Planning and Programs](#)

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**Appendix A - Nocturnal Enuresis Program Flow Chart**



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