



Nocturnal Enuresis Program Guideline

1. Purpose

This guideline outlines the requirements of the WACHS Nocturnal Enuresis Program to ensure integrity in program delivery.

The 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 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 and as much as possible, is led by the child. Nurses work in partnership with parents and the child to manage the program at home and empower the child to achieve 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. Guideline

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.
- Commitment of child **and** parents (or carers) 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/injury that may disrupt child's mobility or usual sleeping place or 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 program outline and resources are available on the [Healthy Country Kids Resources site](#).

3. 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 to ensure access to adequate equipment (mats and alarms).

Community Health Nurses delivering the Nocturnal Enuresis Program are required to be trained and supported to provide the Program and to adhere to the [WACHS Nocturnal Enuresis Program Outline](#) to maintain service integrity.

All Staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be. All Staff are to deliver a culturally safe and responsive service, ensuring the rights, views, values and expectations of Aboriginal people are recognised and respected.

4. Monitoring and Evaluation

4.1 Monitoring

Monitoring of staff and program compliance with this guideline is to be carried out six-monthly by managers with community health nurses delivering the program. Monitoring can involve analysis of referrals into the program, activity data and client outcomes (successful, unsuccessful and incomplete).

4.2 Evaluation

Evaluation of this guideline will be carried out annually by Population Health staff in central office together with regional staff delivering the program to analyse WACHS-wide program activity, clients outcomes and parent feedback.

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 at the client six-month review, and responses are collated for annual program review.

5. Compliance

Guidelines are designed to provide staff with evidence-based recommendations to support appropriate actions in specific settings and circumstances. As such, WACHS guidelines should be followed in the first instance. In the clinical context, where a patient's management should vary from an endorsed WACHS guideline, this variation and the clinical opinion as to reasons for variation must be documented in accordance with the [Documentation Clinical Practice Standard](#).

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

6. References

1. The Children's Hospital at Westmead and John Hunter Children's Hospital, 2018. Nocturnal Enuresis Resource Kit: [2nd Edition – A tool for healthcare professionals](#)
2. Australian Continence Foundation – [professional information](#)
3. WACHS [Healthy Country Kids Program: an integrated child health and development service strategy 2016-2019](#)

7. Definitions

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

8. Document Summary

Coverage	WACHS wide
Audience	Community health nurses and managers
Records Management	Clinical: Health Record Management Policy
Related Legislation	Health Services Act 2016 (WA)
Related Mandatory Policies / Frameworks	Clinical Governance, Safety and Quality
Related WACHS Policy Documents	WebPAS Child at Risk Alert Procedure
Other Related Documents	CAHS Guidelines for Protecting Children 2020 CAHS School-aged Health Services Policy WACHS Nocturnal Enuresis Program Outline
Related Forms	N/A
Related Training Packages	Nocturnal Enuresis (NOCEN EL2) Nocturnal Enuresis (NOCEN 003) Nocturnal Enuresis: Competency Facilitators Declaration (NOCEN EL4)
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 2149
National Safety and Quality Health Service (NSQHS) Standards	2.07, 2.08, 5.03, 5.13, 5.14
Aged Care Quality Standards	N/A
National Standards for Mental Health Services	N/A

9. Document Control

Version	Published date	Current from	Summary of changes
3.00	15 May 2023	15 May 2023	<ul style="list-style-type: none"> • minor changes to guideline only • evaluation requirements updated

10. Approval

Policy Owner	Executive Director Clinical Excellence
Co-approver	Executive Director Nursing & Midwifery
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Business Unit	Population Health
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This document can be made available in alternative formats on request.

Appendix A: Nocturnal Enuresis Program Flow Chart

