

Solent NHS Trust

Children's and Young Person's Continence Service

Care Pathway for Night Wetting

Pre Visit

- Nursing triage of all referrals completed by Children's Continence Nurse Specialist
- Appointment letter sent to parent/guardian
- Include charts for child & family to record information regarding symptoms To support development of care plan.



Initial Appointment Letter (Initial Appointment 1 Hour)

- Detailed Bladder and Bowel assessment taken, including height & weight as baseline
- Review completed information from family
- Give relevant information and advice to support and educate

Criteria for direct referral to Paediatrician. See in joint paediatrician/nurse clinic

- History of repeated UTI's
- Blood in urine



Follow – up appointment (½ Hour) – within 8 weeks

- Review progress with plan and any further information gathered/available
- Commence appropriate treatment
- If day wetting or constipation will need to follow different pathway



Alarm Treatment

- Issue alarm and instructions for its use with an accessible toilet.
- Complete alarm agreement

→
Combined Treatment

Desmopressin Treatment

- Start Desmopressin with the appropriate information to parent/guardian as per NICE Guidelines

- Telephone call within 2 weeks
- Check progress with alarm

- Telephone contact within 4 weeks to review progress



- Follow up within 3 months
- Review progress aiming for 21 consecutive dry nights.
- If dry discharge
- If not making progress consider Desmopressin alone or in combination with alarm

- Follow-up contact within 3 months
- If dry discontinue the medication and discharge.
- If not making progress consider alarm alone or in combination with Desmopressin



- Consider Desmopressin and anticholinergic combination treatment if no response to above treatments.
- If treatment not successful – discuss with Paediatrician and if appropriate book in to joint Doctor/Nurse clinic.