

# Paediatric Department of General Medicine Referral Guidelines

## Enuresis (bedwetting over 7 years old)

<p>&gt; <b>Information required</b></p>	<ul style="list-style-type: none"> <li>&gt; Presence of <b>red flags</b> (see below)</li> <li>&gt; Vulnerable Child: Aboriginal or Torres Strait Islander, Under Guardianship of the Minister, culturally or linguistically diverse, recently arrived immigrant, other relevant psychosocial issues</li> <li>&gt; Presence of daytime urinary urgency or frequency.</li> <li>&gt; Psychosocial impact, for example affecting attendance at school</li> <li>&gt; Presence of concurrent constipation. It is useful to know current stooling habits, including frequency and type of bowel opening</li> <li>&gt; Presence of concurrent sleep apnoea or snoring</li> <li>&gt; Abdominal examination</li> <li>&gt; Medications and treatments used to date</li> </ul>
<p>&gt; <b>Investigations Required</b></p>	<ul style="list-style-type: none"> <li>&gt; A urine glucose, microscopy and culture to exclude a UTI or diabetes</li> <li>&gt; Ultrasound of kidney/ureters/bladder is not usually clinically indicated for nocturnal enuresis without red flags</li> </ul>
<p>&gt; <b>Red Flags</b></p>	<ul style="list-style-type: none"> <li>&gt; Infrequent voiding (fewer than 3 times per day)</li> <li>&gt; Daytime incontinence of urine (more than 4 years old)</li> <li>&gt; Incontinence of faeces (excluding encopresis)</li> <li>&gt; Loss of continence after 6 months of dryness</li> <li>&gt; Abnormal gait or neurological examination to the lower limbs</li> <li>&gt; Suspected congenital or structural abnormalities</li> </ul>
<p>&gt; <b>Suggested GP management</b></p>	<ul style="list-style-type: none"> <li>&gt; Reassurance. 15-20% of normal, healthy children have not achieved night-time continence by 5 years of age. 7% of 7 year olds and 5% of 10 year olds will still experience regular night time incontinence</li> <li>&gt; Consider referral to continence physiotherapist or enuresis clinic</li> <li>&gt; Review dietary and fluid intake.</li> <li>&gt; Remove caffeine from the diet</li> <li>&gt; Consider stool softener/laxative if concurrent constipation</li> <li>&gt; Consider referral to a private paediatrician</li> <li>&gt; Please note the Lyell McEwin Hospital and Flinders Medical Centre both offer public outpatient appointments with general paediatricians</li> </ul>
<p>&gt; <b>Please ask parents to bring to their appointment</b></p>	<ul style="list-style-type: none"> <li>&gt; Child's health record book</li> <li>&gt; A 24-hour bladder diary (recording the time and volume of all fluid input and urine output).</li> <li>&gt; Relevant x-rays and pathology tests</li> </ul>

**References:**

1. Yeung CK, et al. Characteristics of primary nocturnal enuresis in adults: an epidemiological study. *BJU International* 2004; 93:341-45

**For more information**

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