

Daytime Wetting (Diurnal Enuresis)

Diurnal enuresis: Daytime wetting accidents even after toilet training and/or inability to stay dry during the day.

Habits that may contribute to diurnal enuresis:

- Holding bladder/infrequent voiding
- Improper positioning on the toilet/not emptying their bladder all the way
- Constipation
 - Constipation can limit bladder capacity, cause bladder instability, increase the risk of UTIs and hamper bladder emptying

Modifiable behaviors that can be addressed with PCP:

- Timed voiding: Have child go pee every two to three hours during the day, as well as first thing in the morning and before bed. Even if the child says, “I don’t have to go pee,” tell them to at least go try.
 - Parents should be enlisted to tell children to void at these times. Consider using a simple digital watch with a timer.
 - Child may benefit from using their own reminder watch for timed voids. PottyMD.com has products and information.
- Proper positioning: Have child sit with legs widespread, knees at 10 and 2 o’clock, leaning forward, elbows on knees and pants and underwear down to ankles on either a small toilet or use a stool so that feet can touch a flat surface to allow pelvic floor to relax to fully empty bladder.
- Sit on the toilet for 2 minutes to facilitate complete emptying.
- Hydration: Child should be drinking enough water so that urine is light yellow to clear.
- Bowel habits: Patients should be having a soft mashed-potato-consistency stool daily.
- Bowel movements have been shown to have a relationship with voiding habits. Recommend a [Bristol 5 to 6 stool](#) daily, achieved through adequate hydration, increased fiber, toilet sitting and MiraLAX. Children should be encouraged to increase daily activity. May consider recommending families make a pitcher of MiraLAX once weekly to assist with daily medication compliance.
 - See Seattle Children’s **constipation algorithm**:
<https://www.seattlechildrens.org/globalassets/documents/clinics/gi/constipation-algorithm.pdf>
 - See Seattle Children’s **MiraLAX dosage table**:
<https://www.seattlechildrens.org/pdf/PE1696.pdf>
- Remember to provide children with lots of positive reinforcement for trying, whether or not they are successful in voiding.
- It may also be helpful for parents to provide notes to their child’s teachers requesting that they allow the child to leave the classroom to void and/or remind children to void at specific times.

- A school letter template from Seattle Children's is available here:
[http://child.seattlechildrens.org/uploadedFiles/Child/People and Places/Programs and Services/Patient Education and Communications/Patient Education Toolkits/PE2366.pdf](http://child.seattlechildrens.org/uploadedFiles/Child/People%20and%20Places/Programs%20and%20Services/Patient%20Education%20and%20Communications/Patient%20Education%20Toolkits/PE2366.pdf).
- Recommend fluid intake consists primarily of water and should be spread through the day. Fruit juices and carbonated, sweetened and caffeinated beverages can be bladder irritants and should be avoided. Children should drink enough water per day to keep their urine very pale yellow (barely a hint of pigment). Children may need more fluid during periods of illness or growth, when metabolic demand is higher.
- Reinforce the need for parents to be involved in child's care; this is an ongoing process.
- Treatment is typically recommended for three to four months to ensure that this is a lifestyle change.

Recommended testing:

- Urinalysis: specific gravity, glucose, protein

WHEN TO REFER to pediatric urology:

History – red flags or alarm signs:

- If child has a history of six months or more of being dry and/or continues to be wet after applying bladder and bowel recommendations as outlined above
- Constant urinary dribbling
- Continuous incontinence
- Excessive thirst
- Polyuria
- Weight loss
- Prolonged daytime urinary incontinence (beyond age 6 years)

Physical exam – red flags or alarm signs:

- Signs of physical or sexual abuse
- Fever
- Weight loss
- Hypertension
- Poor growth
- Midline spinal defects (deep sacral dimple, sacral hair patch)
- Neurologic signs (especially lower extremities)

Patient handouts from Seattle Children's Urology:

- Daytime Wetting
 - English: <https://www.seattlechildrens.org/pdf/PE175.pdf>
 - Spanish: <https://www.seattlechildrens.org/globalassets/documents/for-patients-and-families/pfe/pe175s.pdf>
- Resources for Bladder Health and Parenting: <https://www.seattlechildrens.org/pdf/PE793.pdf>

Nighttime Wetting (Nocturnal Enuresis)

Nocturnal enuresis: Wetting the bed at night after the age of 8.

Managing parental expectations: All children develop at their own pace. While one child in the family may be dry at age 2, others may not be dry at 5 or 6.

Modifiable behaviors that can be addressed with PCP:

- Daytime habits: It's important for children to practice good daytime habits, since they can affect bladder capacity and emptying. Make sure they are going to the bathroom every two to three hours during the day.
- Constipation: Constipation can affect bladder capacity, as well as bladder emptying.
- Fluid consumption: Children should be drinking more fluids earlier in the daytime and try to limit fluids two hours before bedtime.
- Double voiding: Have patient attempt to pee 30 minutes before bedtime and then right before bed to attempt to fully empty the bladder before bed.

Treatment recommendations:

1. **Moisture-sensing alarm:** Sensor is placed on child's underwear, and once it gets wet the alarm attached to the shoulder of the pajamas will buzz and alarm. Parents can find products at the Bedwetting Store (<https://bedwettingstore.com/>) and PottyMD (<https://www.pottymd.com/>)
Important points for success with a moisture-sensing alarm
 - If the patient is a heavy sleeper, it will be the parent(s) waking them up when the alarm goes off for the first three to four months of use.
 - Child needs to be motivated and a willing participant in using the alarm.
2. **Medication:** *Desmopressin acetate (DDAVP)* helps the child make less urine at night. Can be used nightly or for special occasions.
Important points for use of DDAVP
 - Major side effect is seizures if fluids are consumed after taking the medication, so not recommended in children who cannot abstain from fluids after taking the medication.
 - Tablet form is recommended.
 - This medication does not work for all patients.
 - Medication will buy time or allow to be dry for special occasions but does not solve the problem.
 - Medication is expensive.

Recommended testing:

- Urinalysis: specific gravity, glucose, protein

WHEN TO REFER to pediatric urology:

- If child is 8 years of age and/or wants to be engaged and take part in night training program
AND
- After applying all recommendations as outlined above and still not successful

Patient handouts from Seattle Children's Urology:

- Nighttime Wetting
 - English: <https://www.seattlechildrens.org/globalassets/documents/for-patients-and-families/pfe/pe176.pdf>
 - Spanish: <https://www.seattlechildrens.org/globalassets/documents/for-patients-and-families/pfe/pe176s.pdf>
- Resources for Bladder Health and Parenting: <https://www.seattlechildrens.org/pdf/PE793.pdf>