



REFERRAL PATHWAY FOR CHILDREN WITH ENURESIS

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LEARNING OBJECTIVES



- INTRODUCTION TO ENURESIS
- CURRENT REFERRAL PATHWAY IN BARNESLEY
- SHARE FINDINGS OF SECONDARY CARE ENURESIS CLINIC AUDIT

DEFINITION

- PRIMARY NOCTURNAL ENURESIS (PNE)--- DSM5
- SECONDARY NOCTURNAL ENURESIS—DSM5
- REFRACTORY PNE---NICE CG111
- DIURNAL ENURESIS



PRIMARY NOCTURNAL ENURESIS(PNE)



- CURRENTLY COMMISSIONED TO SCHOOL NURSES.
- NICE GUIDANCE 111
- FLUID ADVICE
- BLADDER TRAINING
- ALARMS
- DESMOPRESSIN
- ERIC WEBSITE---RESOURCES
- COMMUNITY PAEDIATRICS PROVIDES SECONDARY SPECIALIST ENURESIS SERVICE .

ENURESIS TEAM



Tertiary Care

**Speciality
doctor/Specialist
nurse/Strategic Lead**

**Primary care(G.Ps and School
nurse)**



QUIZ (TRUE OR FALSE)



- ONE YEAR OLDS CAN WEE UP TO 20 TIMES A DAY.
- BLADDER CAPACITY IS INDEPENDENT OF AGE.
- NICE GUIDELINES --FOR DIURNAL ENURESIS.
- 7 YEAR OLDS CAN WEE UP TO 5 TIMES/DAY.


QUIZ CONTINUED



- WHAT TEST CAN BE PERFORMED IN THE SURGERY FOR A CHILD WITH NOCTURNAL ENURESIS?.
- WHAT WOULD YOU LOOK FOR ON ABDOMINAL EXAMINATION IN A CHILD WITH CHRONIC BED WETTING(REFRACTORY PNE)?.
- WHAT DRUG USED FOR ENURESIS NEED TO HAVE DRUG HOLIDAY?



REFERRAL CRITERIA FOR SECONDARY CARE SPECIALIST CLINIC

- CHILD >5 YEARS OF AGE
 - DIURNAL ENURESIS
 - SECONDARY/REFRACTORY PNE
- 

IS CHILD UNDER 5 YEARS OLD?

YES

Refer to health visitor for advice re potty training

NO

Does child/YP have special/additional needs?

YES

Refer to continence nurse for assessment

NO

Does child/YP have only primary nocturnal enuresis?

YES

Refer to school nurse

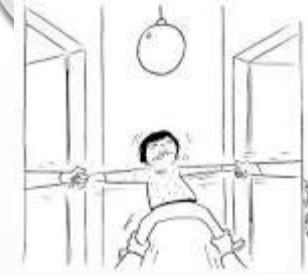
NO

Does child/YP have daytime wetting/secondary or refractory nocturnal enuresis?

NO

YES

Perform/arrange a general paediatric assessment & if normal refer to children's specialist enuresis clinic



AUDIT CYCLE OF PATHWAY

- FIRST AUDIT WAS UNDERTAKEN OF THE REFERRALS TO ENURESIS CLINIC DURING THE PERIOD OF
 - APRIL 2013 – SEPTEMBER 2013
- THE ASSESSMENT TOOL USED WAS THE LOCAL ENURESIS REFERRAL ALGORITHM.
- RE AUDIT- under way

RESULTS

- 48 REFERRALS WERE MADE DURING THE 6 MONTH PERIOD.
 - 1 WAS REMOVED FROM ANALYSIS, UNKNOWN SOURCE.
 - TOTAL 47
 - AGE RANGE 5YRS – 16YRS.
- PRIMARY CARE—28
- HOSPITAL-12
- COMMUNITY-7

RESULTS

- 36%-INAPPROPRIATE
- 40%DUPLICATION (HOSPITAL)
 - NO PRIMARY NEUROLOGICAL DEFECTS WERE ISOLATED
 - IF REQUIRED MEDICAL MANAGEMENT WAS CENTRED AROUND –
OXYBUTININ, DESMOPRESSIN



RECOMMENDATIONS

- ADHERE TO REFERRAL PATHWAY.
- PNE --- PLEASE REFER TO SCHOOL NURSES
- FUTURE---NURSE LED SECONDARY CARE ENURESIS CLINIC



CASE PRESENTATION



- **JACKSON**, AGED 8 , A BRIGHT, ATHLETIC
- ENJOYS SCHOOL, HE REFUSES INVITATIONS TO SLEEP AT A FRIEND'S HOUSE.
- WETS HIS BED ALMOST EVERY NIGHT .
- TRIED DESPERATELY TO KEEP IT SECRET,
- ON AN OVERNIGHT TRIP, HIS CLASSMATES FOUND OUT AND TEASED HIM.
- NOW WANTS HELP



CASE PRESENTATION

GROUP A:-WHAT MINIMUM INFORMATION WOULD YOU COLLECT FROM THE FAMILY?

GROUP B:- WHAT MINIMUM EXAMINATION FINDINGS YOU WOULD LOOK FOR?

GROUP C:- ENUMERATE TWO IMPORTANT INVESTIGATION YOU WOULD PERFORM ?

GROUP D: DEVELOP A REWARD PROGRAMME FOR THIS CHILD.

GROUP E:- WHAT CO-MORBIDITIES/ASSOCIATIONS WOULD YOU LOOK FOR?

GROUP F:- WHAT ARE THE TWO TREATMENT OPTIONS IN PRIMARY CARE?

WHO ELSE IN PRIMARY CARE SHOULD YOU USE IN MANAGEMENT

INDICATIONS FOR REFERRAL TO SECONDARY CARE

GROUP G :- DEVELOP A CHART FOR MONITORING PROGRESS IN THIS CHILD.

CASE PRESENTATION



GROUP A:-

- BEDWETTING PATTERNS, TIMING, AMOUNT, WAKING.
- DAY TIME SYMPTOMS (DRIBBLING, URGENCY, FREQUENCY, MEASURES TO PREVENT)
- TOILETING, FLUID PATTERNS, FAMILY HISTORY.

CASE PRESENTATION

GROUP B

- NORMAL IN PNE
- ABDOMINAL PALPATION.
- LUMBAR SPINE
- BLOOD PRESSURE
- GENITAL EXAMINATION
- ANKLE JERKS



CASE PRESENTATION

GROUP C

- URINE DIPSTCK
- USG BLADDER.





CASE PRESENTATIONS

- GROUP D
- HANDOUT



CASE PRESENTATION



GROUP E

- UTI
- CONSTIPATION
- DIABETES MELLITUS
- BEHAVIOUR
- EMOTIONAL OR MOOD DISTURBANCES
- FAMILY/SOCIAL ISSUES
- MALTREATMENT

CASE PRESENTATION

- GROUP E
- LEARNING DIFFICULTY
- PHYSICAL DISABILITY
- ADHD
- CONDUCT DISORDER
- AUTISM SPECTRUM DISORDER
- LOOKED AFTER



CASE PRESENTATION

- GROUP F
- ALARMS
- DESMOPRESSIN
- SCHOOL NURSE
- INDICATIONS:-
 - REFRACTORY PNE
 - DIURNAL ENURESIS
 - AGE >5YEARS



CASE PRESENTATION

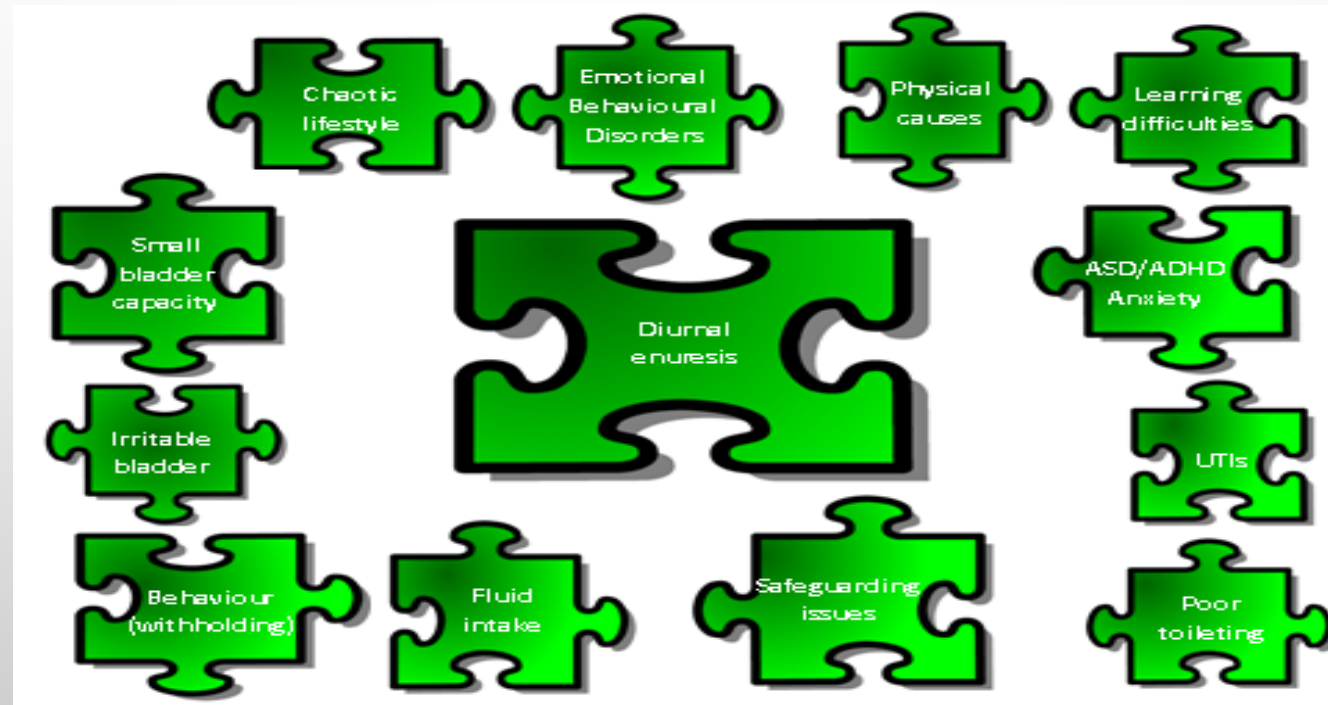
- GROUP G
HANDOUT



DIURNAL ENURESIS


- 1 IN 75 CHILDREN >5YEARS OF AGE.
 - ORGANIC CAUSES (<1% OF REFERRALS)
 - FUNCTIONAL (7YR OLDS 3% GIRLS AND 2% BOYS ---DAYTIME WETTING ONCE/WEEK)
-
- **NO NICE GUIDANCE**

JIGSAW





BUT.....

- STRESSFUL
 - SELF ESTEEM
 - RELATIONSHIP DIFFICULTIES
 - BULLYING, EDUCATIONAL
 - LONG TERM PSYCHOLOGICAL EFFECTS
- 

MANAGEMENT

- AVOID UTI
- HEALTHY BLADDER –EXERCISES (GEN, BLADDER, PELVIC FLOOR)
- ACKNOWLEDGE
- FLUIDS
- BOWELS
- SCHOOL LIAISON
- CONSIDER ANTI CHOLINERGIC (WITH BLADDER TRAINING)
- INFORMATION PACK
- PHONE FU AND REGULAR APPTS

MANAGEMENT

- IF NO RESPONSE---REFER TO TERTIARY SERVICES(BIO FEEDBACK)
- CAMHS INPUT (NON COMPLIANCE, NOT INTERESTED)

THANK YOU

- RESOURCES– ERIC, NICE GUIDLINE-111, ICCS, DSM-5.
- APPS--



QUESTIONS?

