

ENURESIS

REFERRAL GUIDELINE

MAINE MEDICAL PARTNERS - PEDIATRIC SPECIALTY CARE (DIV. OF NEPHROLOGY) • 887 CONGRESS ST, PORTLAND, ME • (207) 662-5522

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS

Recurrent UTI

Persistent microscopic hematuria (2 or more samples) or any gross hematuria

Proteinuria

Confirmed kidney stone

Sudden onset enuresis in someone who has been dry > 6 months

Lower extremity weakness

SUGGESTED PREVISIT WORKUP

See low and moderate risk management suggestions

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS

Daytime enuresis < age 5 years

Nocturnal enuresis < age 8 years

PLUS

UTI

Flank pain/concern for kidney stones

OR

Daytime enuresis ≥ age 5 years

Nocturnal enuresis ≥ age 8 years

SUGGESTED WORKUP

Low risk management suggestions

PLUS

LABS: Urine calcium to creatinine ratio (normal <0.2) for patients with flank pain/concern for stones

IMAGING: Renal ultrasound

RECOMMEND: Consider KUB to evaluate for stool retention

May try DDAVP up to 0.6mg each night prior to bed for nocturnal enuresis (counsel patients about discontinuing fluid after taking DDAVP)

Refer to Pediatric Nephrology

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

Daytime enuresis < age 5 years

OR

Nocturnal enuresis < age 8 years

Has never been dry for period > 6 months

Otherwise asymptomatic.

See clinical regarding history and differential

SUGGESTED MANAGEMENT

LABS: Urinalysis & urine culture to rule out diabetes, renal concentrating defects (first morning urine), infection

RECOMMEND:

Evaluate for & manage any constipation/stool retention

Increase fluid intake during day

Timed toilet sits for voiding and stooling

Fluid restriction in evenings after dinner

CLINICAL PEARLS

- Medical causes of enuresis include stool retention, urine concentrating defect, crystalluria, UTI, hyperglycemia/diabetes, spinal cord abnormalities/tethered cord, GU structural concerns, medications, sleep apnea
- Parental resources:
 - <http://i-c-c-s.org>
 - Getting to Dry (Max Maizels, Diane Rosenbaum and Barbara Keating)
 - <https://www.bedwettingandaccidents.com>
 - The Scoop on Poop Manual (see constipation referral guideline for link)

Maine Medical
PARTNERS

These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.