

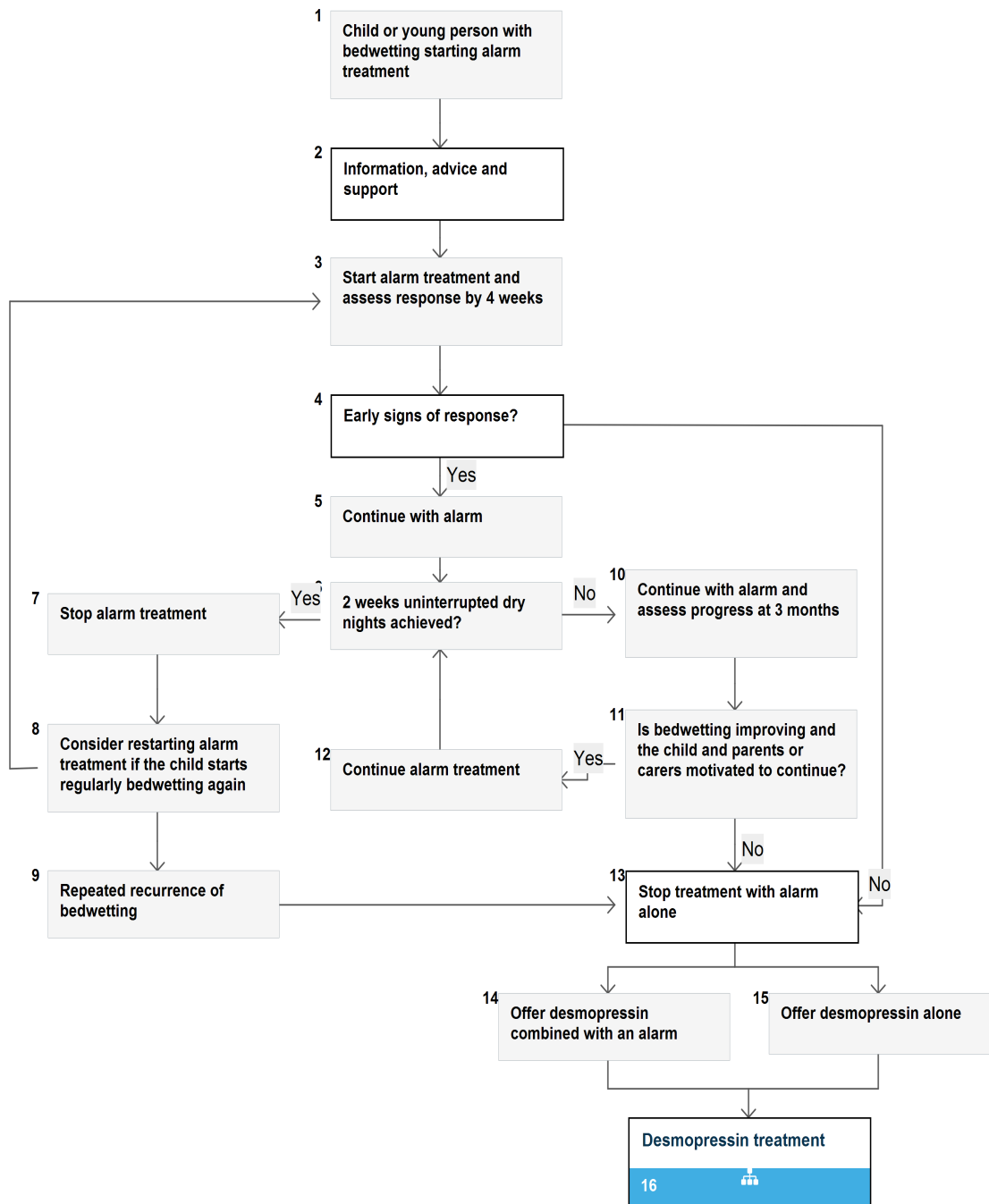
## Alarm treatment for nocturnal enuresis in children and young people

A NICE pathway brings together all NICE guidance, quality standards and materials to support implementation on a specific topic area. The pathways are interactive and designed to be used online. This pdf version gives you a single pathway diagram and uses numbering to link the boxes in the diagram to the associated recommendations.

To view the online version of this pathway visit:

<http://pathways.nice.org.uk/pathways/bedwetting-nocturnal-enuresis-in-children-and-young-people>

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## 1 Child or young person with bedwetting starting alarm treatment

No additional information

## 2 Information, advice and support

Ensure that advice and support for using an alarm are available, and agree with the child or young person and their parents or carers how this should be obtained. They may need a considerable amount of help when learning how to use the alarm.

Inform the child or young person and parents or carers:

- of the aims of alarm treatment
- that alarms have a high long-term success rate
- that using an alarm needs sustained commitment, involvement and effort
- that using an alarm can disrupt sleep, and that parents or carers may need to help the child or young person to wake to the alarm
- that they are not suitable for all families
- that they will need to record their progress
- about what to do when the alarm goes off, how to set, use and maintain the alarm, and how to manage problems
- that it may take a few weeks before the alarm starts to have an effect, and it may take weeks before dry nights are achieved
- that they can restart using the alarm immediately, without consulting a healthcare professional, if bedwetting starts again after stopping treatment
- how to return the alarm when they no longer need it.

### Using alarms with reward systems

- Inform children and young people and parents or carers about the benefits of combining alarm treatment with a reward system using rewards for desired behaviour (for example, waking up when the alarm goes off, going to the toilet, returning to bed and resetting the alarm).
- Encourage children and young people and their parents or carers to discuss and agree their roles and responsibilities for using alarms and rewards.

**3 Start alarm treatment and assess response by 4 weeks**

No additional information

**4 Early signs of response**

Early signs of response to an alarm may include:

- smaller wet patches
- waking to the alarm
- the alarm going off later and fewer times per night
- fewer wet nights.

**5 Continue with alarm**

No additional information

**6 2 weeks uninterrupted dry nights achieved?**

No additional information

**7 Stop alarm treatment**

No additional information

**8 Consider restarting alarm treatment if the child starts regularly bedwetting again**

No additional information

**9 Repeated recurrence of bedwetting**

No additional information

**10 Continue with alarm and assess progress at 3 months**

No additional information

**11 Is bedwetting improving and the child and parents or carers motivated to continue?**

No additional information

**12 Continue alarm treatment**

No additional information

**13 Stop treatment with alarm alone**

If bedwetting does not respond to initial alarm treatment, offer:

- combination treatment with an alarm and desmopressin or
- desmopressin alone if continued use of an alarm is no longer acceptable to the child or young person or their parents and carers.

**14 Offer desmopressin combined with an alarm**

No additional information

**15 Offer desmopressin alone**

No additional information

**16 Desmopressin treatment**

[See Bedwetting \(nocturnal enuresis\) in children and young people / Desmopressin treatment for nocturnal enuresis in children and young people](#)

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## Sources

Nocturnal enuresis: the management of bedwetting in children and young people. NICE clinical guideline 111 (2010)

## Your responsibility

The guidance in this pathway represents the view of NICE, which was arrived at after careful consideration of the evidence available. Those working in the NHS, local authorities, the wider public, voluntary and community sectors and the private sector should take it into account when carrying out their professional, managerial or voluntary duties. Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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