**TREATMENT GUIDELINES FOR HEALTH STAFF**

**NOCTURNAL ENURESIS**

Authorized health and wellness staff may treat nocturnal enuresis as follows:

# 1. Non-Pharmacologic regimens (patient education) include:

* Restrict fluid intake 2 hours or more before bedtime, especially drinks with caffeine, which stimulate urine production.
* Empty bladder fully at bedtime.
* Awaken one or more times per night to urinate (self-pep talk to awaken, practice feeling full bladder and emptying, alarm clock, clock radio, residential advisor awakening).
* If awakened by wetting at night, get up and change to dry clothes and put dry towel over wet spot in bed.
* Change wet clothing and bedding upon arising in the morning and thoroughly cleanse body to eradicate any odor of urine.
* Bed-wetting alarms are effective (approximate cost $60 – $100), usually within 3-4 weeks, but may be inconvenient in a dormitory setting. A vibrating alarm may be preferable to avoid waking roommates.

# 2. Pharmacologic regimens include:

* Desmopressin (DDAVP) can be administered intranasally or orally. Initial intranasal dose is 20 micrograms at bedtime (one 10 microgram spray per nostril). This can be increased by 10 micrograms per week to a maximum dose of 40 micrograms. Oral desmopressin 200 micrograms can be taken by mouth at bedtime and may be increased to 600 micrograms maximum if needed.

**WHEN TO REFER TO THE CENTER PHYSICIAN**

* If the student reports failure of the above regimens to control enuresis
* If there is daytime urinary incontinence
* If polydipsia and polyuria are present
* If there are any symptoms of urinary tract infection (urgency, frequency, dysuria, fever, abdominal pain)