**SYMPTOMS AND LABS**

**HIGH RISK**
- 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

**MODERATE RISK**
- 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

**LOW RISK**
- 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 PREVISIT WORKUP**
- See low and moderate risk management suggestions

**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

**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)

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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 clinicians. 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.