

APPENDIX 1: MINIMAL PRIMARY EVALUATION PROTOCOL

The scheme below is recommended as a *minimal* primary evaluation of enuretic children by the health-care provider who has limited time and resources.

Prerequisites: basic, bladder-oriented history-taking and a urine sample tested for glucose, protein, leukocytes and nitrite

ITEMS TO BE CHECKED	ACTIONS TO BE TAKEN
Background data	Actions if answer is yes
Age <6 years?	Only general advice given, no alarm or desmopressin therapy indicated
Is there enuresis every night?	Prognostically unfavorable. Consider sending patient to enuresis specialist
Is the child not bothered by the enuresis?	Risk for therapy-resistance. Consider postponing treatment until child is motivated
Complicating factors, comorbidity	Actions if present
Daytime incontinence (now or after 3,5 years of age), urgency, holding maneuvers, suspected voiding <4 or >7 times per day? UTIs after 3,5 years of age	Suspect nonmonosymptomatic enuresis. Make the family complete a frequency-volume chart before proceeding.
Encopresis, hard stools, infrequent bowel movements?	Suspect, and treat for, constipation
Significant problems with peer relations and behavior?	Risk for therapy-resistance and/or psychiatric comorbidity. Consider parallel psychological evaluation.
Warning signs	Actions if present
Straining, weak stream, continuous incontinence, micturition in >1 phase?	Suspect neurogenic bladder or anatomic abnormalities. Send to secondary center.
Glucosuria?	Consider diabetes. Send to pediatric clinic without delay
Proteinuria (++) or more on urine test)	Consider kidney disease. Consult pediatrician without delay
Leucocyturia or nitrite test positive?	Take urine culture. Consider antibiotic treatment if culture is positive
Excessive thirst, need for night-time drinking?	Consider polydipsia or kidney disease. Measure fluid intake
Nausea, weight loss, fatigue?	Consider kidney disease. Consult pediatrician

APPENDIX 2: SEVEN DAY FREQUENCY-VOLUME CHART

Name:

Age: years

Weight: kg

		Day 1			Day 2		
Date →							
<p>Every time you drink or pee record the drink pee volume (how many ml) here →</p> <p>In the column marked with # we want you to mark these things: An "L" if the underpants become wet with urine. A "W" if more than the underpants become wet with urine. An "U" if you feel a sudden and intense desire to pee.</p>	Time	Urine volume	Fluid intake	#	Urine volume	Fluid intake	#
	6 am						
	7						
	8						
	9						
	10						
	11						
	12						
	1 pm						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
	9						
10							
11							
night							
Mark here if the following night is wet or dry →		Dry night <input type="checkbox"/> Wet night <input type="checkbox"/>			Dry night <input type="checkbox"/> Wet night <input type="checkbox"/>		

		Day 3		Day 4		Day 5		Day 6		Day 7		
Date →												
<p>These days you only need to mark with an "X" in the "pee column" every time you go to the toilet and pee (you don't need to tell us the urine volume).</p> <p>In the "#-column" the same things are marked as during the first two days.</p>	Time	Pee	#	Pee	#	Pee	#	Pee	#	Pee	#	
	6 am											
	7											
	8											
	9											
	10											
	11											
	12											
	1 pm											
	2											
	3											
	4											
	5											
	6											
	7											
8												
9												
10												
11												
night												
Is the following night wet or dry?		Dry <input type="checkbox"/> Wet <input type="checkbox"/>		Dry <input type="checkbox"/> Wet <input type="checkbox"/>		Dry <input type="checkbox"/> Wet <input type="checkbox"/>		Dry <input type="checkbox"/> Wet <input type="checkbox"/>		Dry <input type="checkbox"/> Wet <input type="checkbox"/>		

APPENDIX 3:

SEVEN DAY BLADDER/BOWEL DIARY WITH 48 H URINE MEASUREMENTS

Name:

Age: years

Weight: kg

		Day 1			Day 2		
Date →							
<p>Every time you drink or pee record the drink or pee volume (how many ml) here →</p> <p>In the column marked with # we want you to mark these things: An "L" if the underpants become wet with urine. A "W" if more than the underpants become wet with urine. An "U" if you feel a sudden and intense desire to pee. A "P" if you have poo in the toilet. An "E" if there is poo in the underpants</p>	Time	Urine volume	Fluid intake	#	Urine volume	Fluid intake	#
	6 am						
	7						
	8						
	9						
	10						
	11						
	12						
	1 pm						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
9							
10							
11							
night							
The time you went to bed is filled in here →							
The weight of the dry diapers is filled in here →							
		g			g		
Mark here if the following night was wet or dry →		Dry night <input type="checkbox"/> Wet night <input type="checkbox"/>			Dry night <input type="checkbox"/> Wet night <input type="checkbox"/>		
If it was a "wet" night, fill in the new diaper weight here →							
		g			g		
Wake-up time next morning →							
How much urine (how many milliliters) did you pee in toilet the first time next morning?							

		Day 3		Day 4		Day 5		Day 6		Day 7	
Date ➡											
<p>These days you only need to mark with an "X" in the "pee column" every time you go to the toilet and pee (you don't need to tell us the urine volume).</p> <p>In the "#-column" the same things are marked as during the first two days.</p>	Time	Pee	#	Pee	#	Pee	#	Pee	#	Pee	#
	6 am										
	7										
	8										
	9										
	10										
	11										
	12										
	1 pm										
	2										
	3										
	4										
	5										
	6										
	7										
8											
9											
10											
11											
night											
The weight of the dry diapers is filled in here ➡		g		g		g		g		g	
Was the following night wet or dry?		Dry <input type="checkbox"/> Wet <input type="checkbox"/>		Dry <input type="checkbox"/> Wet <input type="checkbox"/>		Dry <input type="checkbox"/> Wet <input type="checkbox"/>		Dry <input type="checkbox"/> Wet <input type="checkbox"/>		Dry <input type="checkbox"/> Wet <input type="checkbox"/>	
If it was a "wet" night, fill in the new diaper weight here ➡		g		g		g		g		g	
How much urine (how many milliliters) did you pee in the toilet the first time next morning? ➡											