

# Children's Hospital Of Wisconsin

## Co-Management Guidelines

To support collaborative care, we have developed guidelines for our community providers to utilize when referring to, and managing patients with, the pediatric specialists at Children's Hospital of Wisconsin. These guidelines provide protocols for jointly managing patient cases between community providers and our pediatric specialists.

Bedwetting				
Diagnosis/symptom	Referring provider's initial evaluation and management:	When to initiate referral/consider refer to Urology Clinic:	What can referring provider send to Urology Clinic?	Specialist's workup will likely include:
<p><b>Signs and symptoms</b></p> <ul style="list-style-type: none"> <li>Night after consecutive night of involuntary voiding in the child who bladder controls during the day time.</li> <li>Typically seen among the age group of 5 years or older.</li> </ul>	<p><b>Diagnosis:</b></p> <p>Pre Work Up</p> <ul style="list-style-type: none"> <li>Assess familial pattern, heredity</li> <li>Perform a urine analysis</li> <li>Note pattern and trend of daytime voiding habits</li> <li>Note bowel elimination pattern</li> </ul>	<p>Recurrent bedwetting that is refractory to the recommended treatment or causing anxiety, self-esteem issues in the child.</p>	<p><b>1. Using Epic</b></p> <ul style="list-style-type: none"> <li>Please complete the external referral order</li> </ul> <p><b>In order to help triage our patients and maximize the visit, the following information would be helpful include with your referral order:</b></p> <ul style="list-style-type: none"> <li>Urgency of the referral</li> <li>What is the key question you would like answered?</li> </ul> <p>Note: Our office will call to schedule the appointment with the patient.</p> <p><b>2. Not using Epic external referral order:</b></p> <ul style="list-style-type: none"> <li>In order to help triage our patients maximize the visit time, please <b>fax</b> the above information to <b>(414) 607-5288</b></li> <li>It would also be helpful to include:           <ul style="list-style-type: none"> <li>Chief complaint, onset, frequency</li> <li>Recent progress notes</li> </ul> </li> </ul>	<p><b>After referral to Urology Clinic:</b></p> <ol style="list-style-type: none"> <li>Assessment of overall health and wellbeing, past medical history and medication review/evaluation</li> <li>In depth assessment of dietary/beverage consumption.</li> <li>Assessment of daytime voiding patterns and habits</li> <li>Assessment of bowel habits</li> <li>Assessment of sleep patterns, snoring</li> <li>Urine analysis, possible uroflow, bladder scan in clinic setting</li> <li>Possible renal bladder sonogram</li> <li>Behavioral modifications such as: robust hydration, frequent daytime voiding schedule, routine daily soft bowel elimination.</li> <li>Possible medication recommendation</li> <li>Possible recommendation of</li> </ol>

Updated by: Coleen Weber Rosen DNP, FNP-C  
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			<ul style="list-style-type: none"> <li>• Labs and imaging results</li> <li>• Other Diagnoses</li> <li>• Office notes with medications tried/failed in the past and any lab work that may have been obtained regarding this patient's problems.</li> </ul>	bedwetting alarm
<p><b><u>Causes</u></b></p> <ul style="list-style-type: none"> <li>• Enuresis (NE) is a symptom complex, not a disease state; therefore, it can be affected by a number of etiologic factors including:</li> <li>• Maturational delay - The most convincing argument for this is even if left untreated most enuretics eventually develop complete urinary control.</li> <li>• 35 - 90% of UDS studies reveal a small capacity bladder for age.</li> <li>• Abnormal circadian rhythms</li> <li>• Relative nocturnal polyuria might contribute to NE.</li> <li>• Sleep disorder- EEG studies have been confusing with the most recent, sophisticated studies showing random enuretic episodes, unrelated to sleep patterns, which do not vary from the normal control. EEG studies do not evaluate the arousal threshold and therefore the possibility of a child's inability to awaken to the stimulus of a full bladder cannot be excluded.</li> <li>• Psychological factors - a higher proportion of enuretics are maladjusted; they are more immature and less self-reliant.</li> </ul>	<p><b><u>Risk Factors</u></b></p> <ul style="list-style-type: none"> <li>• Heredity/Familial tendency</li> <li>• Urinary Tract Infections</li> <li>• Abnormal Circadian Rhythms (ADH)</li> <li>• Sleep Disorders</li> </ul>	<p><b><u>Complications</u></b></p> <ul style="list-style-type: none"> <li>• Social stigmata</li> <li>• Child's perception</li> <li>• Parent's perception</li> </ul>	<p><b><u>Treatment and Drugs</u></b></p> <ul style="list-style-type: none"> <li>• Reinforce robust hydration throughout the daytime</li> <li>• Reinforce a timed voiding schedule</li> </ul> <p>Limit fluids after supertime</p>	

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