

Table 1 Checklist clinical management tool (CMT)

Signs and symptoms	Presence/absence		Consider referral if positive (R)
Nocturnal enuresis	Yes	No	
Does the child wet the bed?	Yes	No	
• Number of nights per week -----			
Establishes severity, which is suggestive of prognosis			
Age ≥5 years	Yes	No	
Younger patients are likely to experience spontaneous resolution without intervention; treatment only considered in children ≥5 years			
Symptoms suggestive for underlying bladder dysfunction			
Leakages of urine during the day	Yes	No	R
• Drops of urine in the underpants			
• Before voiding			
• After voiding			
• Very wet underpants			
• Frequency of leakage (N = episodes per day)			
• Intermittent or continuous leakage every day?			
• History of daytime incontinence over 3½ years of age			
Suggestive of overactive bladder/NMNE			
Urinary frequency (# of voids) (≥8 x/day)?	Yes	No	R
Suggestive of overactive bladder			
Voiding postponement (# of voids) (≤3 x/day)?	Yes	No	R
Suggestive of dysfunctional voiding			
Sudden and urgent need to urinate?	Yes	No	R
Suggestive of overactive bladder			
Holding maneuvers observed (e.g. Vincent's curtsy – pressing heel into perineum, leg crossing, standing on tiptoes)	Yes	No	R
Suggestive of dysfunctional voiding			
Needs to push in order to urinate, i.e. need to use abdominal muscles to strain to pass urine?	Yes	No	R
Suggestive of dysfunctional voiding			
Interrupted urinary stream, or several voids, one after another?	Yes	No	R
Suggestive of dysfunctional voiding			
History of urinary tract infection?	Yes	No	R
Often associated with underlying bladder dysfunction			
Illness and/or malformation?			
• Of kidneys and/or urinary tract	Yes	No	R
• Of spinal cord	Yes	No	R
Comorbidity – factors that might predict therapy resistance			
Bowel movements – presence or history of the following?	Yes	No	See Box 3; may be treated in primary care
• Constipation (≤3 bowel movements/week)			
• Traces of feces in the underpants (fecal incontinence) – not due to insufficient wiping of the bottom?			
May predict treatment resistance; resolution of constipation may resolve enuresis			
Psychological, behavioral or psychiatric problems?	Yes	No	R
• Evidence of ADHD, ADD, autism, etc			
May predict treatment resistance			
History of motor and/or learning disabilities or delayed development			
Delayed development may be suggestive of central nervous system pathology			
Drinking habits			
• Quantity and type of fluid intake?			
• Drinks more than one glass during the evening?	Yes	No	
• Drinks during the night?	Yes	No	
Water turnover in children is reported to be 1500 ml/m ² body surface area per day ⁴² Fluid intake in the evening (after the evening meal) should be minimized since increased fluid intake results in higher diuresis volumes during the night Fluid intake during the night should be avoided			
Exclude diabetes mellitus (dipstick test)			
Psychogenic polydipsia poses risk for water intoxication with desmopressin			

Notes for physicians are given in gray text