Management of Primary Nocturnal Enuresis
By Nina J. Klein
Posttest - 1.0 Contact Hour

Posttest Questions
(See posttest instructions on the answer form, next page)

1. Which finding is common among children who wet the bed after age 6?
   a. Manipulation.
   b. High achievement.
   c. Laziness.
   d. Shame and guilt

2. When completing the assessment for the child who wets the bed, which question is appropriate to ask of the parents?
   a. Did either you or your spouse have episodes of bedwetting?
   b. Did you potty train your child?
   c. Did you make a fuss over dirty diapers?
   d. Do you have an elderly relative who is incontinent?

3. In explaining bladder function to the parent, it is appropriate to say:
   a. A child should be able to hold urine all night, just as well as any adult can.
   b. The bladder of a 6-year-old can hold 8 ounces of urine.
   c. Children always grow out of bedwetting.
   d. Bedwetting is a sign of an immature bladder.

4. A 12-year-old boy presents with bedwetting. Other behavioral findings to explore include:
   a. Marijuana use.
   b. Conduct problems in school.
   c. Bonding with parents.
   d. Relationships with siblings.

5. The mother of an 8-year-old often rewards her daughter for a dry bed by taking her out for a bubblegum ice cream cone. However, the child always wets the bed that very night. What could be causing the problem?
   a. Premature use of rewards.
   b. Ice cream is offered too late in the evening.
   c. She is being manipulative.
   d. Dairy products may contribute to bedwetting.

6. In completing the assessment of the child who wets the bed at night, it is important to:
   a. Measure daytime urinary frequency and stream.
   b. Observe the home bathroom environment.
   c. Inquire about aromas in the house that can stimulate voiding.
   d. Check for emotional stressors in the home.

7. To begin treatment for diagnosed primary nocturnal enuresis, it is important to:
   a. Order all diagnostic testing before beginning any treatment.
   b. Bring in a counselor to handle behavioral problems.
   c. Develop a therapeutic relationship with the family.
   d. Let them know that there is no cure, only control.

8. When attempting bladder control training the practitioner suggests:
   a. Restraining the child from urinating as long as possible each time there is an urge.
   b. Stretch the bladder using liquids that promote diuresis.
   c. Withhold fluids so that bladder emptying is less frequent.
   d. Increase waiting time to void after the urge by 3 minutes each day.

9. When working on a night waking plan, the practitioner suggests:
   a. The parents take full responsibility for night waking until the child is older.
   b. The parents set the alarm three times nightly to keep interrupting the child’s deep sleep.
   c. The child practices getting up in “the middle of the night” to go to the bathroom.
   d. The parents carry the child to the bathroom even if he/she doesn’t have to go.

10. When an enuresis alarm system is used, the practitioner should assess:
    a. Who else in the home will be interrupted by the alarm.
    b. The child’s ability to operate the alarm.
    c. Proximity of the bathroom to the child’s bed.
    d. Willingness of the family to use the alarm for a full year.

11. The child using DDAVP has the flu. The nurse explains that:
    a. This is a normal because it is a nasal spray.
    b. Dehydration is possible if enough fluids aren’t taken in.
    c. Continue using the medication as prescribed during the flu.
    d. This medication will help the flu go away sooner.

12. The child with enuresis is prescribed imipramine. The pharmacist:
    a. Will dispense enough drug for a year.
    b. Will refuse to fill the prescription as the action is not known.
    c. Will dispense small quantities to help prevent overdosage.
    d. Will dispense so that the child can self-medicate.
**Answer Form**  
**Continuing Education Article**  
**Management of Primary Nocturnal Enuresis**  
This article is approved by SUNA for 1.0 contact hour of continuing education in nursing.

Check the box next to the correct answer.

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### Evaluation

**Strongly disagree** | **Strongly agree**
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1. The offering met the stated objectives. | 1 2 3 4 5
   a. Address parental concerns regarding children's bedwetting behaviors. | 1 2 3 4 5
   b. Assist parents to choose the best treatment plan. | 1 2 3 4 5
   c. The content was presented clearly. | 1 2 3 4 5
   d. The content was covered adequately. | 1 2 3 4 5
   e. I am more confident of my abilities since completing this material. | 1 2 3 4 5
2. The content was current and relevant. | 1 2 3 4 5
3. The material was □ new, □ review for me. | 1 2 3 4 5
4. Time required to complete reading assignment and posttest |  
   a. Less than 1 hour |  
   b. 1-2 hours |  
   c. 2-3 hours |  
   d. 3 hours or more |  
   Comments |  

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1. To receive continuing education credit for individual study after reading the article, darken the appropriate box corresponding to the best answer on the answer form (a photocopy of the answer form is acceptable). Each question has only one correct answer. A passing score for this test is 9 correct answers (75%).

2. Complete the information requested on the answer form in the space provided.

3. Detach and send the answer form along with a check or money order payable to Urologic Nursing, CE Series, East Holly Avenue Box 56, Pitman, NJ 08071–0056.

4. Test returns must be postmarked by April 30, 2003. If you pass the test, a certificate for 1.0 contact hour will be awarded and sent to you.

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This article was reviewed and formatted for contact hour credit by Julia W. Aucoin, DNS, RN,C, SUNA Education Director; and Jane Hokanson Hawks, DNSc, RN,C, Editor.