<table>
<thead>
<tr>
<th><strong>Symptoms:</strong></th>
<th>Waking to pass urine more than once per night. When a patient voids two or more times per night and finds it bothersome they need further assessment.</th>
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</thead>
</table>
| **Underlying causes:** | • problems of fluid balance  
• neurological diseases affecting bladder control  
• disorders of the lower urinary tract  
• overactive bladder  
• prostate problems  
• hormonal changes  
• diabetes  
• cardiac problems |
| **Check for:** | • 3 day frequency volume chart input/output  
• global polyuria – 24 hour output of more than 2.8 litres per day  
• nocturnal polyuria – more than one third of total urine is produced at night  
• appropriate fluid intake  
• urinalysis +/- MSU  
• faecal impaction/constipation  
• physical examination – abdominal, rectal, vaginal, neurological, cardiovascular  
• oedema  
• post void residual scan  
• medications  
• rule out other causes for sleep disturbance for example pain, anxiety, history of sleep disturbance |
| Nursing management: | • normalise fluid intake (1.5 to 2 litres daily, unless contraindicated)  
• advise a reduction in caffeine, alcohol and fizzy drinks, especially avoiding after 5.00pm  
• treat urinary tract infection if present  
• normalise bowel habit  
• address functional factors  
• advice regarding quality of sleep/relaxation techniques  
• encourage afternoon bed rest to help reduce fluid build up  
• monitor skin condition (follow NHS Lothian Skin Care Guidelines) |
| Medical staff to consider: | • review medication  
• consider altering time of diuretics to mid to late afternoon  
• antimuscarinics  
• Desmopressin (not suitable for elderly)  
• bladder retraining  
• prostate assessment – medication  
• gynaecological assessment  
• treat underlying cause of wakefulness if not full bladder for example pain/anxiety |
| Onward referral: | • urology  
• gynaecology |