



Sitta pygmaea

Acknowledgements

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Diary – Reminders and Actions for the next visit:

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Location

Envidius Private Paediatric Clinic, Bon Secours, Drumalee, Cavan, H12 Y8W5

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Appointments for Envidius Clinic Cavan

Day	Date	Time	Week	Place
Tuesday / Thursday Friday				F2F Envidius Clinic Video Phone E-mail
Tuesday / Thursday Friday				F2F Envidius Clinic Video Phone E-mail
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Notes:

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Introduction

This guidance is part of an 8-week clinical treatment program with intensive support using one of two types of bedwetting alarms (**S**hort and **I**ntensive **T**reatment with **T**wo **A**larms, SITTA).

This guidance relates to the use of a "bell and pad" system, using the Ramsey-Coote Alarm. The instructions of the treatment program and operation of the alarm are based on the **modified Ramsey-Coote Operational Manual**, which is provided separately with the equipment.

The treatment programme is provided in a private clinic setting. A parent or guardian is required to sign a hiring agreement for the alarm equipment and commit to following the intensive treatment programme, which involves two clinic reviews per week. The SITTA bedwetting mat alarm service cannot be provided without this costly equipment (approximately €2,000). There is no deposit; however, a weekly rental fee of €10 applies. It is important that you take great care of this expensive equipment and return it in good condition so that it can be used by the next child.

In this guidance, the gender-neutral term "they" or "them" are also used, to refer to either "she", "he", "her" or "him", as appropriate. In this guidance and the accompanying documentation, the term "**parents**" is used to refer to both the singular "**parent**" and the plural "**parents**", and includes the child's parents or legal guardian(s). For practical purposes, the term "**parents**" also includes any alternative or accompanying adult (e.g. a family member, foster parent, or other caregiver) who knows the child well, is closely involved in the bedwetting treatment programme, and acts on the instructions of the parents or legal guardian(s) in the child's best interests.

The clinical management programme is supported by an electronic healthcare record system called the **Electronic Enuresis File (EEF)** and Medserv's **Remote Practice Management (RPM)** service. EEF records the child's personal details (including parents' or guardians' names, telephone numbers, address, date of birth, medical record number, GP details, etc.), administrative clinic information (including appointments and attendance records), and clinical information relating to the child's condition and progress, as provided by the parents or legal guardians and interpreted and recorded by clinic staff. EEF data are stored securely on servers operated by **Envidius Database Systems (EDS)**. All data, whether electronic or otherwise, are managed in accordance with the **European General Data Protection Regulation (GDPR)** (May 2018; see <https://www.eugdpr.org/>) and applicable Irish data protection legislation. Patient data may be used in an anonymised form (see <https://www.dataprotection.ie>) for service evaluation, quality improvement, research, and publication purposes, with the aim of improving the management of future children with daytime urinary incontinence and/or bedwetting. By signing the borrowing agreement, the parent or legal guardian acknowledges and consents to the use of data as outlined in this paragraph.

Prof Nick van der Spek, Consultant Paediatrician, Envidius Private Clinic

Version: 5.0 June 2026

GUIDANCE FOR USE OF RAMSEY-COOTE BEDWETTING ALARM (T10)

BEFORE YOU START

How the bed wetting alarm works

Introduction: You have been advised by your practitioner to use a bed wetting alarm to cure your child's (or your) bedwetting. Great, a permanently dry bed forever is nearby! This method will require substantial effort from you and your child/parent for the next 8 weeks, but it is well worth it. It is important you understand everything about how it is done and that you follow all instructions. You are required to study the instructions in this guidance, and the accompanying manual related to the type of alarm given, in detail before you start using the alarm. We are here to help you to explain this further and to support a successful treatment. The treatment will teach you/your child's brain to "sense" a full bladder during sleep. In the first two weeks the alarm is doing all the "sensing" of your child's full bladder at the beginning of the wetting. With the bell ringing, the brain is reminded of the sensation of a full bladder; the brain is learning. While the brain is learning, it is essential that the child wakes up to the alarm. You can show your child a video (from an American clinic) to explain this visually: <https://www.youtube.com/watch?v=b-2loGCKggA>

Equipment: The equipment consists of a urine sensitive mat (the pad) connected to an alarm that is powered by an internal rechargeable battery. When there is a spot of urine on the mat this completes a circuit and sets off the alarm. The alarm is a loud bell sound, loud enough to wake the child. Because waking usually occurs before the bed is flooded with urine, the child is able to complete the emptying of the bladder in the toilet or pot. There is nothing in this procedure that can physically hurt your child.



Ramsey-Coote bedwetting alarm system

Two ways to have dry beds

There are two ways a child learns to have a dry bed using a bedwetting alarm.

1. The child learns to avoid the alarm going off, by “hanging on” to a full bladder whilst asleep and emptying the bladder in the toilet in the morning.
2. The child learns to wake up when the bladder feels full, before the alarm goes off. The child then goes to the toilet during the night.

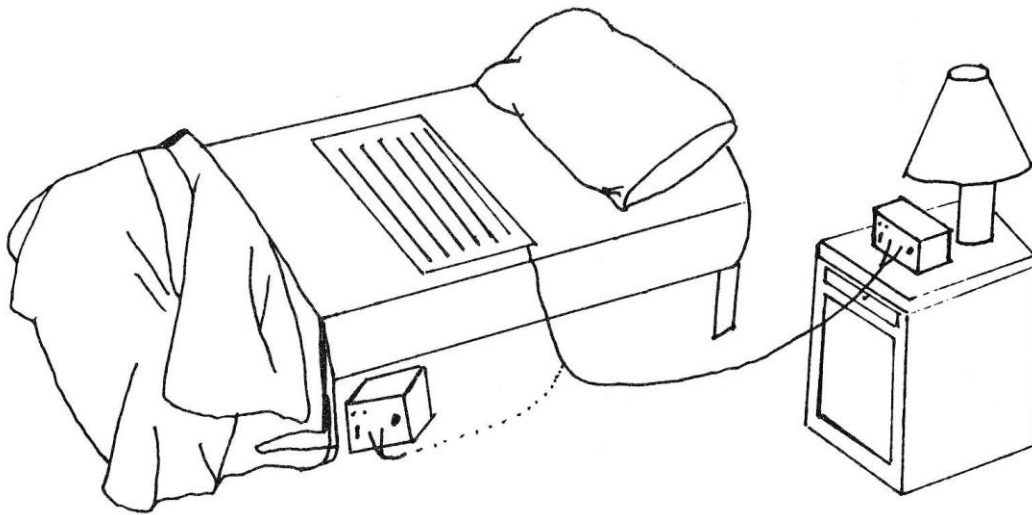
Your child may learn to be dry at night by one or both methods. Research supports that both methods improve the quality of the sleep as well as all the other benefits of having a dry bed and improved self-confidence. Based on sound medical evidence, the bedwetting alarm is by far the most effective way to treat mono-symptomatic enuresis, i.e. children who wet the bed without any daytime symptoms.

How to use the alarm

Putting the equipment on the bed (see also video www.youtube.com/watch?v=930vW6Orm28)

Make the bed up in the following way: (See picture below)

1. Waterproof sheet or thick under-blanket on top of mattress then a bottom fitted sheet.
2. Place the rubber mat on top of this **across** the bed. Position the mat approximately where the child’s bottom will rest. Place the mat across rather than down the bed because the child is more likely to roll from side to side whilst a sleep than wriggle up and down. When the widest part of the mat is across the width of the bed, it is more likely that the child will wet somewhere on the mat.



3. Cover the mat with a very thin cotton “draw” sheet across the bed. Tuck this in, leaving the lead dangling. NB. A new or thick flannelette sheet might soak up the urine and prevent it from making contact with the mat.
4. Put the alarm box on a bedside table, chair or the floor at the front of the bed out of reach of the child, making sure that the lead is tucked out of the way, so they won’t trip over it.
5. Plug the lead in. It doesn’t matter which jack goes in which hole.
6. Make up the bed as usual: top sheet, blanket and/or quilt.

IMPORTANT: DO NOT PUT AN ELECTRIC BLANKET ON THE BED.

Training your child

What to tell your child

It is very important to explain to your child what the bell and mat does and why you are using it. Tell them that many children wet the bed when they are asleep and they do not know that it is happening. It is therefore not their fault. The alarm will wake them when this happens and allows them to finish wetting in the toilet.

The equipment will be needed only for a short while because your child will soon learn to recognise when they need to go to the toilet without the assistance of the alarm. Children vary in the speed of learning; some learn to be dry in a few weeks, other take a few months.

Three Stages

Stage One: Teaches your child what is going to happen during the night and to learn to wake to the alarm. This occurs during the first few days and two weeks before Stage Two, the starting of the real program to get dry. The main aim of Stage One is learning about wakening to the alarm and following the procedure of toileting and re-making the bed.

Stage Two: This is the night time program using the bell and mat on the bed and getting dry nights. The first big achievement is the Initial Success; this is the date your child has achieved 14 dry nights in a row. Please take note of this.

Stage Three: This is an extra learning period ("*Getting you wet again!*") aimed at preventing a relapse (that is, preventing a return to bedwetting later on); the overlearning.

Stage One: Magic Threes – the Dry runs

Read through this section a few times till you are confident that you know the procedure.

1. Salt solution: Make a salt solution by putting two table spoons of house hold salt in a large cup (about 200-300 mL or 7-10 fl. oz.). Add enough hot water so the salt has dissolved fully. Then add cold water to make the solution lukewarm. A table spoon of this solution is sufficient to trigger the alarm. Let the child help.
2. Practice, on the first day of training, a few hours before bedtime:
 1. Let your child help you put the equipment on the bed. For demonstration purpose use a large handkerchief or piece of cloth over the mat rather than the bed sheets.
 2. Switch the alarm on, and using a table spoon of the warm salty water, show how the patch of "urine" sets off the alarm. Switch the alarm off. Check the time that elapsed between the alarm going off and you turning the alarm off.
 3. Wipe the mat and put on a dry handkerchief or cloth. Now do the first of the **M3 "Magic Three"** dry runs:
 4. Pretend it is time to go to bed. Tell your child to switch their alarm on, turn off the light and hop into bed, pretending to be asleep.
 5. You trigger the alarm using the salty water or test button.
 6. Your child then "wakes", **jumps out of bed**, switches the alarm off, turn on the light and goes to the toilet. The quickness of arousal will increase the treatment progress.
 7. They then pretend to urinate in the toilet and return to the bedroom, check the relapsed time and (pretend to) complete the Dry Nights Record.
 8. They wipe the mat dry. If light underpants are worn, the child pretends to change this. It is best not to wear pyjama bottoms as this might absorb too much urine preventing the alarm going off.
 9. They re-make the bed with a dry sheet (cloth) covering the mat.
 10. The child switches the alarm on and pretends to go back to sleep.

On this first night repeat steps 4 to 10 two more times.
This completes the first day of detailed "Magic Three" rehearsals.

3. **After the practicing the first night**, you can choose not to use the alarm while asleep and start the following day.
4. **On the second night and every subsequent night**, use the alarm at night while sleeping and do the "Three T's" once and the "Magic Three" three times every night:
 1. Do the **Three T's**:
 - i. Brush your **T**eeth
 - ii. Go to the **T**oilet
 - iii. **T**alk to yourself in the mirror and say out loud: "I am going to beat the alarm!"
 2. Then let your child help you put the equipment on the bed and put on the covers and sheets as explained in "Putting the equipment on the bed"
 3. Then do the "**Magic Three**": three dry runs every night (step 4-10 below):
 4. Pretend it is time to go to bed. Tell your child to switch their alarm on, turn off the light and hop into bed, pretending to be asleep.
 5. You trigger the alarm using the test button.
 6. Your child then "wakes", **jumps out of bed**, switches the alarm off, turn on the light and goes to the toilet. The quickness of arousal will increase the treatment progress.
 7. They then pretend to urinate in the toilet and return to the bedroom, check the relapsed time and (pretend to) complete the Dry Nights Record.
 8. They wipe the mat dry. If light underpants are worn, the child pretends to change this. It is best not to wear pyjama bottoms as this might absorb too much urine preventing the alarm going off.
 9. They re-make the bed with a dry sheet (cloth) covering the mat.
 10. The child switches the alarm on and pretends to go back to sleep.
5. **Continue** with above and we will check it at the next clinic visit (Week 2), if the child has learned to wake up to the alarm.

Stage Two: Getting dry

1. Do the Three T's and "Magic Three" practice runs as above every night.
2. At bedtime remind your child to set the alarm. Check if they have done it right.
3. During the night, when the alarm goes off you must get up and make sure that the child goes through the following steps:
 1. **The CHILD**: Wakes up and switches the alarm off.
 2. **The CHILD**: Goes to the toilet to finish weeing. Then returns to the bedroom.
 3. **The CHILD**: Records in the Dry Nights record the size of the wet patch, the time the alarm rang and the time elapsed on the counter.
 4. **The CHILD**: Replaces wet clothing.
 5. **The CHILD**: Removes wet bedding, and wipes the mat dry.
 6. **The CHILD**: Remakes the bed (parent may have to help).
 7. **The CHILD**: Switches the alarm on.
 8. **The CHILD**: Goes back to sleep.

NB:

- It is also very important to make sure that the child is awake when urinating in the toilet. We do not want to teach them to wet in their sleep.
- You may initially need to help your child to wake, but the CHILD turns off the alarm.
- It is important for you to praise your child for doing all these things correctly. Give praise immediately after they complete each step correctly.
Examples of appropriate praise:
"Good Sean, you woke up as soon as the alarm sounded. That's excellent"
"I heard you are doing a wee in the toilet. That's great. You will soon learn not to wet in your bed."
(If you child cannot manage to pass urine in the toilet, say nothing.)
"You have changed your wet pyjamas and put a dry sheet on the bed. That's good Siobhan, you have remembered what you have to do."

Remember that the child is told why they are being praised

- Your child should go to bed without pyjama bottoms or pants. If this is not acceptable to them, they may wear very thin and wide underpants, like boxer shorts. Thick pyjama bottoms or nighties can soak up urine and prevent the alarm from going off.
- If your child has not wet in the bed during the night, praise them in the morning for having a dry bed.

Things to avoid in Stage Two

- DO NOT: Restrict fluids (the child can drink as much as they want or need).
- DO NOT Wake them to go to the toilet at any time other than when the bell rings. Your child must learn to wake when they need to go.
- DO NOT Mention a wet bed at the time of wetting or in the morning. It is important that you give the child encouragement rather than criticism. Be matter of fact about the “accidents”. If your child seems upset about wetting the bed reassure them, saying that it will take a little time for them to learn to be dry, but you are pleased that they are trying so hard.
- DO NOT Allow brothers and sister to tease the child who wets the bed. It is important that you encourage them to cooperate and make helpful rather than critical remarks.
- DO NOT Put the child on the treatment program in a top bunk. Change the sleeping arrangements whilst the program is running.

Keeping records

You already have a record of bedwetting for two weeks before training started. During training, using the **Dry Night Record**, you are asked to take note of:

1. The times the alarm went off.
2. The sizes of wet patches. This is very important. The alarm might be going off as the many times as it did in the early days of training but the patch size might be shrinking, showing that the child is developing control.
3. Times the child woke without the alarm, to go to the toilet during the night.
4. See for an example of Dry Nights record page 27

When is the child “cured”?

Continue normal procedure until the child has 14 completely dry nights IN A ROW. Record the date of the 14th day dry on the Dry Nights Record; this is the **INITIAL SUCCESS**. Your practitioner will ask you about this important achievement. If they have had 13 dry nights and wets, start counting from one again on the next dry night.

When your child has achieved 14 dry nights IN A ROW, the doctor or nurse will discuss if the child will go into Stage Three.

Stage Three: Overlearning

In a small percentage of cases, relapses occur after dryness has been achieved (that is, the child begins to wet again and has more than 1 wet night per month). Research into the treatment of bedwetting using the alarm system has suggested an overlearning procedure to prevent relapse.

Overlearning can be explained in the following way. Having achieved 14 dry nights in a row it is obvious that the child has already learned, during sleep, to recognise the need to urinate. To prevent relapse, an opportunity for further learning (overlearning) is required. To provide this opportunity, encourage your child to drink an excessive amount of fluid before going to bed. This usually results in a few more instances of bedwetting, setting off the alarm once again but giving your child more learning experiences.

Procedure:

1. Give your child extra fluid before bedtime. Examples of appropriate fluids are water, milk or fruit juice. At least 600mL should be drunk. This amount can be drunk over an hour.
2. Record the amount of extra fluid that the child has managed to drink (in fluid ounces or millilitres) in the "Note" column on the Dry Nights Record. (See above)
3. Mark on the Dry Nights Record with a coloured marker when the overlearning started.
4. Continue writing down the dry/wet nights and waking on the Dry Nights Record form.
5. Continue the procedure as outlined in Stage Two. The bell and mat stays on the bed.
6. When your child has 14 dry nights IN A ROW again, remove the equipment.
7. This is the **SECOND INITIAL SUCCESS**. Record the date that this second success has been achieved.
8. After removing the mat, continue the Magic Three rehearsals for another 7 days.
9. Return to the clinic with the Dry Night Records and the Equipment to inform the practitioner of the progress made and return the bell and mat to the clinic.
10. Collect your deposit upon return of the Alarm in exchange for the receipt provide when the alarm was given to you.

Follow up

We will follow you up with a phone call or email about 6 months and 2 years after you started using the alarm to see how your child is doing. If your child has a wet bed during this period, please record it on a Follow up sheet.

If they are still dry at 6 months they have achieved **Continued Success**.

If they are dry at 2 year follow up, they have achieved **Complete Success**.

If your child starts to wet frequently again, say once per two weeks, for 4 weeks, or more frequent, contact the clinic ASAP. The sooner you restart using the alarm again, the faster the child will become dry again.

SUMMARY OVERVIEW

Setting up the bed

1. Place a waterproof protective sheet on top of mattress.
2. Cover the waterproof sheet with a normal cotton bottom sheet.
3. Place rubber mat across bed where child's bottom will be, with the grooved wires up. If you wish, you can put another waterproof protective sheet under the mat to reduce the amount of sheet changing.
4. Cover rubber mat with a very thin cotton sheet ("draw sheet") across bed.
5. To prevent the thin sheet moving, you could buy a pillow slip large enough to put the mat into or make a cover yourself from an old sheet.
6. Put the alarm out of reach of child, e.g., at foot of bed making sure lead is tucked out of way so the child or you won't trip over it.
7. Make up bed as usual with top sheet, blanket or quilt.
8. See video to clarify the set up further: www.youtube.com/watch?v=93OvW6Orm28
9. Also watch the testing video: www.youtube.com/watch?v=HzoVE2uhp8E
10. For cleaning see video: www.youtube.com/watch?v=0eMBJwI1GEc

Important

1. **Do not cause child to sweat excessively.**
2. **It is better the child goes to bed without any pyjama pants (very thin under pants may be an alternative).**

Stage one

See detailed instructions on how to practice with the salty water before starting Stage Two.

10 Rehearsal steps before going to sleep during stage two

1. Follow the child's usual bedtime routine including his snack, bedtime story, reading a book in bed etc. None of these are required but are allowed if that's what you and your child usually do.
2. Let the child drink as much as they want before going to bed.
3. When the child is ready to go to sleep (which differs for some from going to bed!), go to the bathroom for the **3T's**:
 - a. Brush **T**eeth
 - b. Go to the **T**oilet
 - c. **T**alk to self, saying: "I am going to be dry tonight" and "I will get up before the alarm wakes me"
4. **Then go to bed in the bedclothes they will be wearing. Lie down with eyes closed in a dark room.**
5. **Let parent ring the alarm by pressing the test button.**
6. **The child jumps out of the bed immediately and turns off the alarm.**
7. **Walk to the toilet and pretend doing a wee.**
8. **Return to bedroom and check the time it took to turn off the alarm.**
9. **Complete Dry Nights Record and go back to sleep again.**
10. **Redo step 4 to 9** for two more times. The "**Magic Three**".
11. Complete these Magic Three rehearsals EVERY night, until the child has 14 dry nights in a row and for the seven subsequent dry nights.

Using the alarm

1. As child goes to bed to sleep, they switch alarm on.
2. When the child wets, the alarm rings, and the child wakes and gets out of bed immediately.
3. The child switches the alarm off.
4. They then go immediately to the toilet and empty the bladder.
5. On return check the time on the alarm. Record this on the chart. Are you getting faster?
6. Also record the time the wetting occurred.
7. Replace any wet night clothing.
8. Remove any wet bedding and wipe the rubber mat dry.
9. Remake the bed and the sheet covering the rubber mat with a spare thin dry sheet/pillow slip.
10. Re-switch the alarm on and go back to sleep.

Important

1. **Do not restrict fluids.**
2. **Always make sure the child is awake when they turn the alarm off.**
3. **Make sure child is awake when urinating in the toilet.**

Cleaning

1. Before using the mat for the first time, thoroughly clean the mat with a mildly soapy detergent or disinfectant cleaner, brush and water. Rinse well afterwards and dry. Make sure the bed-mat is dry before it goes on the bed at night. See for instructions the video www.youtube.com/watch?v=0eMBJwI1GEc
2. The detergent mentioned in the video is 2.8% benzalkonium Chloride, which isn't available in Ireland. Use diluted Flash detergent or diluted Dettol Liquid or similar product instead:
3. If rubber mat is wet the following morning, wipe the mat over with clean warm water, wipe it dry and leave it to air before the bed is made. **DO NOT USE DISINFECTANT** then.
4. Do a Flash (or Dettol) clean if there has been a week of heavy wetting and just before bringing the equipment back to the clinic.



Battery charging

1. Battery needs to be charged one full day per week.
2. The battery charging indicator light will be shining red when charging.
3. Make sure On/Off switch with the red lever is in the up (OFF) position when charging.
4. Don't try to charge the alarm when in use, as it won't work.
5. See for more details: www.youtube.com/watch?v=jzCOYXLC0ak

Process and terms of condition of using the alarm

1. You have been given this expensive Australian Super alarm for a period of only 8 weeks.
2. It cures 80% of children who use it but all instructions outlined above have to be followed.
3. You have agreed to:
 - o A hiring period of maximum 8 weeks, or until you have achieved 14 dry nights in a row with overlearning and return it afterwards (If the child is progressing to dryness then continue up to a maximum 12 weeks in discussion with clinical staff);
 - o To look after this piece of equipment so other children can use it after you.
 - o To commit to coming to the clinic EVERY TWO WEEKS and bring the alarm.
4. You record on the Dry-Nights Record:
 - o Every wet/dry night, and the times the wetting occurs, and
 - o How fast (in seconds) the child turns off the alarm.
5. The child has mastered their bed wetting when they are dry for 14 dry nights in a row. It is very important you tell the doctor/nurse the date this has happened and record it on the Dry-Nights Record. This is the **Initial Success**.
6. When the First Initial Success of 14 dry nights has been achieved, it is best to give your child 600mL of extra fluid before bed and see whether they can wake up and empty their bladder successfully. This is called "**Overlearning**". When they have achieved another 14 nights in a row, they have achieved a Second Initial Success and you can remove the mat from the bed.
7. After the overlearning and removing the mat, continue the Magic Three for seven more nights.

Relapse

1. If they start to regularly wet the bed again after returning the alarm, please contact the clinic.
2. A further use of the alarm for a short time should prevent any further bed wetting.
3. If the alarm is unsuccessful in curing your child's bed wetting the first time, the options available will be discussed in the clinic. It often is worth trying it again 6-12 months later.

Please take care of the equipment

1. No trampolining on bed when rubber mat is in position.
2. If storing the mat, please roll up as instructed with the grooved wires visible on the **OUTSIDE**.
3. Parents to be responsible for charging the battery and tracker and to clean as instructed.

The **Short and Intensive Treatment** regime with **Two different Alarms** in mono-symptomatic enuresis, treatment program



Ramsey-Coote Bedwetting Alarm (RCA)

HIRING AGREEMENT (T10)

This is an agreement between Prof Nick van der Spek in the Envidius Enuresis Clinic and _____, parent of:

┌	┐
Name	
Date of birth	
Address	
.....	
└	┘

The parent as identified above agrees:

1. To hire a Ramsey-Coote Bedwetting alarm system consisting of:
 - Ramsey-Coote Bedwetting alarm PB control unit with Serial No: _____ (*the bell*)
 - Ramsey-Coote Bedwetting alarm Rubber bed-mat with wires (*the mat*)
 - Ramsey-Coote Bedwetting alarm Charger (*the charger*)
 - Ramsey-Coote Bedwetting alarm Storage Box (*the box*)
 - Ramsey-Coote Bedwetting alarm Operational Manual (*the manual*)
 - A soft nailbrush and detergent for cleaning the alarm mat.
 - Invoxia GPS Tracker – attached to the control unit.

The alarm system equipment is robust and normally lasts up to 30 years.
2. To borrow and return the equipment carrier bag - 50x33x22cm (*the bag*)
3. To study the manual provided and watch the four instruction videos on YouTube on how to safely use and maintain - including cleaning - the equipment.
4. Not to pay any deposit. The whole alarm system costs approximately €2,000. The bag is a separate item of €40. A rental fee of €10 per week is charged.
5. To treat the expensive equipment with the utmost care and follow the provided instructions in this hand out and videos closely. To charge the Tracker every two weeks using a Micro-USB (Micro-B) connector.
6. To return the equipment to Envidius Enuresis Clinic when the treatment period is over.
7. That the rental period is usually 8 weeks and starts on the date stated at the end of this contract. This period can be shortened at the request of the parent.
8. That, depending on progress, a maximum of 4 more weeks of hire can be agreed on.
9. To be available for clinical review every two weeks and to inform the Enuresis Clinician accurately of the progress of the child.
10. The outcome of the treatment programme is the achievement of **14 consecutive dry nights** (the "Initial Success"). Achievement of Initial Success cannot be guaranteed. Initial Success is achieved in approximately 86% of children and depends on the motivation of both the child and the parents, their ability to comply with the treatment instructions, and, occasionally, factors that are not fully understood. A small proportion of children may experience a relapse after achieving Initial Success.
11. The parent acknowledges to have read the explanation of the use of EEF as outlined in the introduction on page 4 of this hand out.

The Envidius Enuresis Clinic agrees:

1. To provide clinical guidance on the use of the equipment and the management of the child's bedwetting during the 8–12-week period for which the alarm system is hired as part of the SITTA method.
2. Not to charge a deposit for the equipment. A consultation fee is payable while participating in the SITTA (Short and Intensive Treatment of Bedwetting) programme.
3. To provide regular follow-up appointments, either face-to-face or by video/telephone consultation.
4. To ensure that the equipment is in good working order when supplied.

The parent will receive the following items, which do not need to be returned: An Enuresis Parent and Child Folder containing:

- o Bedwetting Guidance
- o A copy of this Agreement
- o General parent information and the Three Systems Diagram
- o Ramsey-Coote Dry Nights Chart(s)

Signed:

_____	_____ (Signature child)
_____	_____ (Signature parent)
Prof Nick van der Spek	_____ (Parent name)

Date: / / 202...

The parent is provided with a copy of this contract for their own records

SITTA METHOD PROGRESS

Documentation to monitor progress of a child
with enuresis using the SITTA method of getting
dry using a Ramsey-Coote Mat Alarm

Mat Alarm



Envidius Enuresis Clinic

Child's Dry Nights Record Ramsey-Coote Alarm Wk 9-12 (Xtra)

⌈ Name Date of birth Address	⌋ Current treatment: None / Ramsey-Coote / Other alarm Period starting: ... / ... / 20 ... Period ending: ... / ... / 20 ... Date First Initial Success: ... / ... / 20... Date Second Initial Success: ... / ... / 20... ⌋ Number of dry nights per week (on average): ... / ...
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If your bed was dry in the morning, write DRY in the box and note if you slept through or woke up (by yourself) to wee. If the bed wasn't dry, please mark the following:

- The size of the wet patch with large/medium/small; If bed is dry but just a drop in pants write: **drop**
- If you woke up yourself; either before or after hearing the alarm (= you parent didn't have to wake you);
- If you are using an alarm, please mark the time(s) the alarm was triggered and you got up;
- If you are using a Ramsey-Coote alarm, record the time elapsed until turning off the alarm;
- If you wet a second time, write this down too in same column (see example)
- Mark when you have achieved 14 dry nights in a row (First Initial Success) and when you started the Overlearning. Record the date when you have a Second Initial Success and stop using the alarm.

		MON	TUES	WED	THU	FRI	SAT	SUN	NOTE
Week 9	Size:								
	Woke self:								
	Time up:								
	Time Elapsed:								
Week 10	Size:								
	Woke self:								
	Time up:								
	Time Elapsed:								
Week 11	Size:								
	Woke self:								
	Time up:								
	Time Elapsed:								
Week 12	Size:								
	Woke self:								
	Time up:								
	Time Elapsed:								
Total number of dry nights (Please add):									

Envidius Enuresis Clinic

Child's Dry Nights Record Ramsey-Coote Alarm Wk 1-4 (Example)

Patient sticker Name Date of birth Address	Current treatment: None / Ramsey-Coote / Other alarm Period starting: ... / ... / 20 ... Period ending: ... / ... / 20 ... Date First Initial Success: ... / ... / 20... Date Second Initial Success: ... / ... / 20...
--	---

If your bed was dry in the morning, write DRY in the box and note if you slept through or woke up (by yourself) to wee. If the bed wasn't dry, please mark the following:

- The size of the wet patch with large/medium/small; If bed is dry but just a drop in pants write: **drop**
- If you woke up yourself; either before or after hearing the alarm (= you parent didn't have to wake you);
- If you are using an alarm, please mark the time(s) the alarm was triggered and you got up;
- If you are using a Ramsey-Coote alarm, record the time elapsed until turning off the alarm;
- If you wet a second time, write this down too in same column (see example)
- Mark when you have achieved 14 dry nights in a row (First Initial Success) and when you started the Overlearning. Record the date when you have a Second Initial Success and stop using the alarm.

		MON	TUES	WED	THU	FRI	SAT	SUN	NOTE
Week 1	Size:	L	L	L	M	L	S S	M	<i>Praised for efforts; Johnny made up bed himself</i>
	Woke self:	<i>MUM woke John</i>	<i>MUM woke John</i>	<i>DAD woke John</i>	✓	<i>DAD woke John</i>	✓ ✓	✓	
	Time up:	<i>05:00</i>	<i>04:15</i>	<i>04:45</i>	<i>03:00</i>	<i>04:00</i>	<i>3:15 6:00</i>	<i>04:00</i>	
	Elapsed:	<i>50 sec</i>	<i>45</i>	<i>35</i>	<i>20</i>	<i>25</i>	<i>10 12</i>	<i>12</i>	
Week 2	Size:	<i>M</i>	<i>M</i>	<i>Dry</i>	<i>Dry</i>	<i>M</i>	<i>M</i>	<i>Dry</i>	<i>3/14</i>
	Woke self:	✓	✓	✓	✓	✓	✓	✓	
	Time up:	<i>04:15</i>	<i>05:00</i>	<i>03:00</i>	<i>05:00</i>	<i>06:00</i>	<i>05:15</i>	<i>06:00</i>	
	Elapsed:	<i>15</i>	<i>10</i>	-	-	<i>12</i>	<i>10</i>	-	
Week 3	Size:	<i>Dry</i>	<i>Dry</i>	<i>Dry</i>	<i>Small</i>	<i>Dry</i>	<i>Large*</i>	<i>Dry</i>	<i>*Party on Saturday</i>
	Woke self:	-	-	✓	✓	✓	✓	✓	
	Time up:	-	-	<i>06:30</i>	<i>03:00</i>	-	<i>06:30</i>	<i>06:30</i>	
	Elapsed:	-	-	-	<i>8</i>	-	<i>15</i>	-	
Week 4	Size:	<i>Dry</i>	<i>Dry</i>	<i>Dry</i>	<i>Dry*</i>	<i>Dry</i>	<i>Dry</i>	<i>Dry</i>	<i>*Forgot to turn on alarm</i>
	Woke self:	-	-	-	✓	-	-	-	
	Time up:	-	-	-	<i>05:00</i>	-	-	-	
	Elapsed:	-	-	-	-	-	-	-	
Total number of dry nights (Please add):		<i>3</i>	<i>2</i>	<i>3</i>	<i>2</i>	<i>2</i>	<i>1</i>	<i>3</i>	<i>15/28</i>

