# Children's Continence Initial Assessment Tool

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Date of birth</th>
</tr>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>NHS No:</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Initial Assessment Completed by:</th>
<th>Date</th>
</tr>
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<tbody>
<tr>
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## Bowel Function:

<table>
<thead>
<tr>
<th>YES (refer to constipation pathway)</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has frequent daily soiling?</td>
<td></td>
</tr>
<tr>
<td>Does not always pass soft stools – passes loose stools, or hard stools?</td>
<td></td>
</tr>
<tr>
<td>Often or occasionally opens bowels during sleep?</td>
<td></td>
</tr>
<tr>
<td>Struggles to open bowels, withholds, has pain with bowel motions, has frequent abdominal pain?</td>
<td></td>
</tr>
<tr>
<td>Other? (describe)</td>
<td></td>
</tr>
</tbody>
</table>

## Bladder Function:

<table>
<thead>
<tr>
<th>YES (refer to daytime wetting pathway)</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bladder emptied frequently more than once an hour?</td>
<td></td>
</tr>
<tr>
<td>Bladder emptied more than two hourly?</td>
<td></td>
</tr>
<tr>
<td>Is toilet trained and is frequently wet during the day</td>
<td></td>
</tr>
<tr>
<td>Other? (describe)</td>
<td></td>
</tr>
</tbody>
</table>

## Toilet Training:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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<tr>
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</table>

- Behavioural problems or anxieties about using the toilet? (consider behavioural support techniques) |
- Has a mobility problem that interferes with ability to sit on toilet safely? (consider referral to OT) |
- Gives no indication of needing to use toilet? (refer to appendix 6 of pathways) |
<table>
<thead>
<tr>
<th>Question</th>
<th>YES (refer to night time wetting pathway)</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never or rarely passes urine or opens bowels on the toilet/potty?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insists on nappy for opening bowels?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other? (Describe)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Night time wetting:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is wet more than two nights a week?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other? (Describe)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OUTCOME:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advice offered: (provide details)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commenced on pathway: (details of pathway)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date for reassessment:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referred to continence service date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Signature                  Date</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Promoting Continence Pathway: NIGHT TIME WETTING**

Child aged 5+ years
Wetting two or more nights/week

- **Constipation?**
  - Yes → Refer to constipation pathway
  - No
    - **Daytime wetting?**
      - Yes → Refer to day time wetting pathway
      - No
        - **Parental intolerance or high levels of professional concern? (see appendix 1)**
          - Yes → Consider referral to Continence Service
          - No
            - **Provide initial advice and monitor. (see appendix 2)**
              - GP consider referral to school health
        - **Review in 4-6 weeks**
          - **Improvement?**
            - Yes → Review every 4-6 weeks. If still wetting after 3 months consider referral to the Continence Service
            - No
              - **Consider referral to the Continence Service**

*Safeguarding*

If there are any concerns about the wellbeing of the child or failure to progress, consider discussion with the continence service or safeguarding department as appropriate.
## Promoting Continence Pathway: CONSTIPATION

**Child is physically well**
- Yes
  - **Child soiling two or more times a week, or frequent overflow if not toilet trained**
    - Yes
      - Consider referral to Continence Service
    - No
      - **Symptoms of constipation (see appendix 5) ongoing for more than 8 weeks**
        - Yes
          - Consider referral to Continence Service if: impaction suspected, adverse effect on quality of life or school, high levels of family or professional concern
        - No
          - Consider referral to GP for short-term laxatives. Give advice about fluid and diet (appendix 3 & 4)
          - Review in 4-6 weeks
          - **Improved**
            - Yes
              - Discharge
            - No
              - Consider referral to Continence Service, especially if adverse effects on quality of life, school or high levels of family or professional concern

**If there are any concerns about the wellbeing of the child or failure to progress, consider discussion with the continence service or safeguarding department as appropriate**
Promoting Continence Pathway: DAY TIME WETTING

Child aged 4+ years
Daytime wetting/urgency/frequency → No → Refer to toilet training pathway

Symptoms of constipation?
Yes → Refer to constipation pathway
No

Wetting more than twice a week or major negative impact on life

No

Give toileting and fluid advice. (appendices 3 & 5) Review in 4-6 weeks

Problem resolved?
Yes → Discharge
No

To GP for urinalysis
Urinalysis positive → GP to treat
Urinalysis negative
Confirms toileting and fluid advice followed
Reiterate advice and review in 4-6 weeks

Improvement?
Yes → Continue to monitor as needed
No → Refer to Continence Service

If there are any concerns about the wellbeing of the child or failure to progress, consider discussion with the continence service or safeguarding department as appropriate.

Title: Children’s Continence Care Pathways
Author: Davina Richardson with A.Glover, T. Allison and P. Heseltine
Version: 1 Review Date: March 2016
Promoting Continence Pathway: TOILET TRAINING

Provide advice and support for skills for toilet training from 1st birthday as part of health promotion contacts

Child not toilet trained by 3rd birthday

Assess for Constipation → Yes → Refer to constipation pathway

No → No

Provide fluid, diet and toileting training advice (appendices 3, 4 & 6). Provide support around skills for toilet training

Child has physical and/or learning disabilities

Yes → Complete toilet charts and assessment tool for toilet training readiness (appendix 7 & 8)

No → No

Assessment indicates able to toilet train by 4th birthday

Yes → Refer to provision of products pathway

No → No

Continue to provide support around skills for toilet training

If there are any concerns about the wellbeing of the child or failure to progress, consider discussion with the continence service or safeguarding department as appropriate

Provide fluid, diet and toileting training advice (appendices 3, 4 & 6).
Provide support around skills for toilet training

Consider assessing for UTI

No → No

Yes → Refer to GP
Appendix 1

Toilet training pathway

Child assessed as being unable to toilet train by 4th birthday or within six months of assessment (whichever later)

Assess for appropriate product to contain incontinence

Sample satisfactory?

Yes

Provide samples to parents, demonstrate use and provide information leaflets (available from Continence Service)

Sample satisfactory?

Yes

Complete order form

Send order form (appendix 10) and copy of toileting charts and assessment charts to Children’s Continence Service for authorisation

Review at least annually for ability to toilet train and product fit and effectiveness

Try samples, provide samples to parents and when satisfactory product agreed adjust order

Sample satisfactory or toilet trained

Yes

No further action until next review

No

Try different sample from formulary

If unable to find appropriate product from formulary, contact Continence Service for advice

Sample satisfactory?

Yes

No

Try different sample from formulary

If struggling to find satisfactory product contact Children’s Continence Nurse for advice

If there are any concerns about the wellbeing of the child or failure to progress, consider discussion with the continence service or safeguarding department as appropriate
Assessing parental tolerance

Parents or carers who are intolerant of the child will focus on the impact on themselves rather than on the child and may use punishment inappropriately. This may result in concerns for the child’s welfare.

Questions to ask include:

**What concerns you about the bedwetting?** Supportive parents will express concern for the emotional state and wellbeing of the child, impact on the child’s social activities and on their self-esteem. Parents who may be intolerant are more likely to focus on the impact of extra washing and drying of bedding, the smell and the cost of replacing the bedding.

**What are the reasons for the bedwetting?** Supportive parents may link wetting to causes outside the child’s control, such as deep sleep or family history. Intolerant parents may consider the child to be lazy, doing it on purpose, or doing it to get back at or punish the parents in some way.

**What has your child tried to do to stop the bedwetting?** Supportive parents may talk about attempts made by the child, such as helping to strip the bed, following instructions from the parents, such as drinking more or less, stopping fizzy drinks. Intolerant parents are more likely to consider the child can be dry when they want to be, not to be bothered or having not tried anything.

**How does the bedwetting make the parent feel?** Parents who are supportive of the child may talk about being empathetic with them and how it is unpleasant for the child. Intolerant parents may express hostility, anger, annoyance or frustration with the child.

**How do you cope with the bedwetting?** Parents who are supportive try to find solutions and cope with practicalities. Those who are intolerant may be punishing the child, humiliating them, showing disappointment, making threats, reprimanding or withdrawing privileges.

It is not unusual for parents and carers to consider the impact on themselves as well as the child. However, the clinician should be observant for any signs that may suggest that there are safeguarding concerns. If these are present appropriate and timely advice should be sought from the Children’s Continence Service, and/or from the safeguarding children department and action taken in accordance with the South Tees NHS Foundation Trust’s policy on safeguarding children (G55).

Appendix 2

Promoting Continence Pathway: NIGHT TIME WETTING

INITIAL ADVICE

If bedwetting has only started in the last few days or weeks consider whether it might be caused by systemic illness.

If the child also has daytime symptoms (e.g. urgency, frequency, daytime wetting), refer to the day time wetting pathway.

- Explain that the bedwetting is not deliberate, nor is it the child’s fault and that the child should not be told off or punished.
- If possible, explain the causes of bedwetting
- Encourage day time water-based drinks (see appendix 3). Avoid caffeinated, fizzy and energy drinks
- Do not limit fluid intake, but do not encourage large amounts to drink before bed.
- Encourage regular daytime toileting (about two hourly)
- Encourage the child to try and pass urine before settling for sleep each night.
- If the child is using products (e.g. pull ups, pyjama pants, nappies) and family circumstances allow, consider a trial of at least two consecutive nights without.
- Do not lift/wake the child when parents go to bed. The only times when lifting may be acceptable is in the short term when it is particularly important that the bed stays dry e.g. when on holiday
- If the child wakes themselves during the night, encourage them to use the toilet before settling back to sleep.
- Discuss ways of reducing the impact of the wetting, such as bed protection, washable or disposable products. E.g. a waterproof sheet on the mattress, absorbent pants or pull ups
- Consider access to the toilet at night. If this is difficult try to find ways to make it easier e.g. torch by the bed or potty in the room.
- Consider whether the child is able to get out of bed, or has anxieties or fears that may result in difficulties getting up e.g. fear of the dark.
- Use rewards only for things that are in the child’s control. Remember that a child cannot control what happens when they are asleep. Therefore, encouragement and positive comments should be made for dry nights, but rewards (if used) should focus on things that are in the child’s control, such as drinking recommended levels and toileting during the day, for toileting before sleep, helping to strip their own bed etc. Do not give rewards for dry nights.
- Monitor progress by keeping a diary of wet and dry nights, of waking after wetting, of waking to use the toilet.
Appendix 3

Promoting Continence Pathway:

FLUID ADVICE

Adequate fluid intake is an important part of treatment for continence problems including day time wetting, night time wetting and constipation.

- Caffeinated drinks, including tea, coffee, hot chocolate and coke should be avoided as they may have a diuretic effect and can contribute to bladder overactivity.
- Fizzy drinks should be avoided as they can contribute to bladder overactivity.
- Children and young people will need to increase their fluid intake if doing lots of exercise (including sports, playing out and school playtimes), or if the weather is hot.
- Milk is healthy, but is used by the body as a food. It should not be encouraged instead of or as part of total water-based drinks.

Suggested intake of water based drinks per 24 hours according to age and sex: (adapted from CG 111 Nocturnal Enuresis NICE 2010 and American dietary requirements, cited in CG 99 Constipation in Children and Young People, NICE 2010)

<table>
<thead>
<tr>
<th>Age</th>
<th>Sex</th>
<th>Total drinks per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>7-12 months</td>
<td></td>
<td>600 – 900ml</td>
</tr>
<tr>
<td>1-3 years</td>
<td>Female</td>
<td>900 – 1000ml</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>900 – 1000ml</td>
</tr>
<tr>
<td>4–8 years</td>
<td>Female</td>
<td>1200–1400 ml</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>1200–1400 ml</td>
</tr>
<tr>
<td>9–13 years</td>
<td>Female</td>
<td>1200–2100 ml</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>1400–2300 ml</td>
</tr>
<tr>
<td>14–18 years</td>
<td>Female</td>
<td>1400–2500 ml</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>2100–3200 ml</td>
</tr>
</tbody>
</table>

NB higher intakes of water are required when children are physically active, or the weather or environment is hot. Overweight children may also require more water.

- Do not restrict fluid intake. If fluid intake is excessive, consider whether the child / young person may have diabetes insipidus.
- Children and young people should be encouraged to take full water bottles (500 – 750mls) to school and drink the contents.
- Water is the healthiest drink and should be encouraged. However, many children refuse to drink it. If children / young people do not like to drink water,
arrangements should be made for them to take a non-see-through bottle to school with diluted fruit squash (preferably sugar-free)

- Schools should be asked to allow the child open access to the toilet, particularly if they are being encouraged to increase their drinking, or have day time continence problems.

Strategies to help children increase their fluid intake:
- Positive reinforcement for drinking well, including use of appropriate charts and rewards
- Start with expecting the child to drink only slightly more than they currently are and gradually increase expectations
- Measure out what the child should be having in a day into a clean jug or plastic bottle. Making all their drinks from that can help them visualise how well they are doing. If they have a drink from a carton or bottle, the equivalent quantity of water from the jug or bottle can be poured away. The child should be encouraged to finish their jug or bottle by the end of tea time each day.
- Some children manage well if given a full glass and are told to drink half, others do better if given half a glass and are told to finish it
- Build drink times into the family’s daily routine
- Make drink times fun: Sitting together with a book or game and refusing to read any more/throw the dice until the child has had a few more sips; using straws or a different glass or cup; adding ice.
- If children really dislike or refuse to drink water, they may be offered fruit squashes or diluted fruit juices. Many of these are high in sugar content – sugar free alternatives are best, for children who will not drink water.
- Ice lollies and jellies are high in fluid content, but also tend to be high in sugar, so should be used with caution.
- Families should be advised to avoid battles over drinks
- The child should be having half their daily intake by dinner time (midday meal) to avoid them having large quantities late in the day, as this may cause or exacerbate night time wetting.
Appendix 4

Promoting Continence Pathway:

DIETARY ADVICE

- Diet alone is not an acceptable treatment for chronic constipation, but does play a part in treatment and is part of health promotion.
- Children/young people should be encouraged to eat five or more portions of fruit and vegetables per day.
- Children/young people should not be encouraged to eat large amounts of high fibre foods as this can exacerbate constipation if fluid intake is inadequate.
- Children / young people should not be eating unprocessed bran.
- Whole grain cereals and brown bread and rice can be helpful and are part of a healthy diet.
- Children over the age of one year should not be having more than a pint of milk or its equivalent (yoghurts, fromage frais, cheese, custards, rice puddings etc) per day. This can exacerbate constipation, reduce appetite and prevent children from having a balanced, varied diet.

N.B. Please always follow any advice from the dietitian and ensure that the child does not have any foods to which they may have intolerances or allergies.
Appendix 5

Promoting Continence Pathway:

SYMPTOMS OF CONSTIPATION

Constipation in childhood is a common problem. For many it lasts only a few days but it can become chronic in up to a third of children and is a common reason for referral to secondary care. Chronic constipation is usually idiopathic (it happens spontaneously and/or the cause is not known). Symptoms vary between children and it is possible for children to be having a bowel motion most days, but to be constipated if they are only partially emptying the rectum.

Symptoms of constipation in children are:

- Infrequent bowel motions
- Unpleasant smelling wind or bowels motions
- Excessive flatulence
- Varying texture to bowel motions
- Withholding or appearing to strain to stop the passage of stools
- Soiling or overflow
- Bowel motions in sleep in children over a year in age
- Abdominal pain
- Abdominal distension
- Poor appetite, often improves after a large bowel motion
- Lethargy
- Unhappiness, anger or irritability that improves after a large bowel motion

NB. If the child is presenting as acutely unwell, has faltering growth or gross abdominal distension they should be reviewed by the GP or a paediatrician.

(Constipation in Children and Young People NICE clinical guideline 99, 2010.)
Appendix 6

Promoting Continence Pathway:

TOILETING ADVICE

- Encourage the child / young person to use the toilet regularly during the day. About two hourly is the correct interval for most. However, if the child / young person is wet more often than this, the interval should be shorter to try and ensure that they remain dry.
- Suggest that the child / young person uses the toilet after they have had a drink, as this can help with fluid intake as well.
- Ensure the toilet is easy to access, clean and well stocked with toilet paper etc. This is particularly important at school. Secondary school children may benefit from a toilet pass. Primary school children may need the teacher to know about the continence problem. Having a signal to indicate that the child is going to the toilet may be helpful, rather than them having to wait to ask to go.
- Ensure that smaller children have an insert seat and stool, so they are able to sit comfortably, well supported and with their feet on a firm surface.
- If the child / young person feel they need to pass urine urgently or suddenly, they may be encouraged to count to five and if the feeling goes away to wait until the next planned toilet visit. If the feeling remains or they are likely to wet if they do not toilet quickly, then they should go straight to the toilet.
- There is no evidence of benefit from trying to put off passing urine for longer than a few seconds if a child has urgency or day time wetting and this should not be encouraged.
- Children should be encouraged to remain at the toilet long enough to complete voiding.
- Children should be encouraged to sit on the toilet long enough to complete a bowel action. They should be able to sit privately. For children with constipation and soiling, there is often benefit from allowing them access to the disabled toilet in school as this is often more private than the main toilets.
- If the child is wetting /soiling at school it would be helpful to them to have spare clothes, wipes and plastic bags for the damp clothes, in their bag to allow changing as needed.
- Children should be supported to learn to change independently from about four years old. If they are wetting/soiling in school, they may need support with learning to change themselves initially, or until their dexterity is sufficiently good to manage alone.
- It is not normally acceptable for schools and nurseries to request parents attend to change children.
Appendix 7

Promoting Continence Pathway:

SKILLS FOR TOILET TRAINING

Toilet training is one of the earliest self-care skills developed by children and is one of the most important. In traditional societies, most children have attained continence by their second birthdays. In the Western World, the age of toilet training has increased in the last 50 years. There is research that is suggesting that children should start toilet training in their second year.

- Ensure the child has a good varied diet and adequate fluid intake (see appendices 3 and 4)
- Encourage the child to sit on the toilet or potty regularly. The potty may be better for smaller children due to them feeling more secure and having feet well supported on the floor. However, if the toilet is used the child must have an insert seat and stool on which they can rest their feet when sitting.
- Start with once a day and short periods of time and gradually increase frequency and time of sitting. Do not sit the child for more than 3-4 minutes.
- Encourage regular drinks (about 2 hourly) and then potty/toilet times after drinks. About 10-15 minutes later is often best if parents/carers can manage this, otherwise straight away.
- Tip solid poos down the toilet and then flush them away, with the child present.
- Change all nappies in the bathroom
- Have an open door policy for toileting so the child sees parents/siblings using the toilet
- Use the same words to describe wee and poo. Avoid using the word ‘dirty’ for poo as this has other meanings
- Discuss the difference between wet and dry
- Consider using stories, videos etc
- Encourage the child to learn to help dress and undress themselves.
- Use clothes that are easy for the child to manage
- Encourage the child to say when they are wet or have opened their bowels.
- Modern nappies are very efficient at drawing moisture away from the skin, so reduce the child’s awareness of passing urine, or opening their bowels.
- Consider using cotton underwear or kitchen towel inside the nappy to raise awareness of when they are wet or dry.
- Ensure the parent/carer has a plan for dealing with wetting or soiling when away from home and has good routines established.
- At a time when the child appears to be progressing, pick a time when parent/carer is able to be home for most of a couple of days and remove nappies.
- Start using underwear or training pants during the day.
- Praise and reward success, change in the bathroom when needed with minimum fuss and feedback
- Consistency is important and once progress being made, the parent/carer should be encouraged not to return to nappies during the day.
Children who give no indication of needing to use the toilet:

- Modern nappies are very efficient at drawing moisture away from the skin, so reduce the child’s awareness of passing urine, or opening their bowels.
- Consider using cotton underwear or kitchen towel inside the nappy to raise awareness of when they are wet or dry.
- Consider a trial without nappies for at least a few days. Parents/carers will need to have a strategy for managing on trips out.
- Regular drinks, (about two hourly) followed by regular trips to the toilet/potty can help the child by ensuring they are voiding more often during the day.
- Keeping a record of when the child is drinking and when they are passing urine can help parents/carers to see their child’s natural pattern and help them to get the child to the potty/toilet at the right time.
- Doing all changing in the toilet or bathroom, flushing solid stools down the toilet and sitting the child on the toilet when changing them can all be helpful.
- Using positive reinforcement (praise, reward charts with time based rewards) for targeted behaviours.

‘Toilet training of infants and children 2010 parental attitudes and practices’. A. C. Jursi (The Restraint Project UNSW)
Appendix 8

Promoting Continence Pathway:

TOILETING ASSESSMENT

The first stage of a toileting assessment involves asking the parents/carers to keep a full toileting diary for at least four days using the toileting chart. This is important as part of promoting bladder and bowel health, even for children who are unlikely to ever be able to toilet train due to the extent of their disability.

- The chart should be printed so that the parents have a copy of the instructions that are on the reverse
- Parents/carers should be advised to keep records for all the child’s waking hours.
- As modern disposable nappies are so absorbent, it is sometimes difficult to tell the child has voided if they have only passed small amounts of urine. Therefore it is recommended that the child wear cotton pants inside the nappy or that the parent/carer fold a piece of kitchen towel inside the nappy. It is very obvious when these are wet. The pants or piece of kitchen towel should be changed if they are wet when the nappy is checked, but the nappy does not need to be changed more often than usual.
- The toileting chart does not need to be done on consecutive days, but it is not possible to do a good assessment with less than four days of recording.
- The toileting chart should be reviewed when completed to see if:
  - the child is having the recommended intake of drinks,
  - to ensure they are not having excessive milk,
  - to see whether they appear to be having normal bowel actions and
  - to see if they are able to stay dry for more than an hour at a time.
- As promotion of bladder and bowel health is the priority for all children, parents/carers should be offered advice as appropriate from the information received from the toileting chart.
- Where a dietitian is involved, they should be consulted prior to advice being given to the parent/carer about fluid or milk intake.

Once the toileting chart is completed and returned the assessment tool for toilet training readiness and issuing of products must then be completed. This should be done with the child and parent/carer, so that the child can be observed in their normal environment, the parent/carer is involved and advice is given in an appropriate and timely way.

- Sections a) and b) of the toilet training readiness tool, must be completed using the toileting charts. Frequent daily soiling refers to the child opening their bowels into their nappy or pants more than three times a day. Regular normally formed bowel movements refer to a child passing type 3 -5 stools three times a day to once every three days.
- Section c) may be completed based on information from the toileting chart and the parent/carer. Products are not normally provided for children with enuresis (night time wetting), as this is considered a treatable condition. If the child is dry during the day, the enuresis pathway should be followed.
- Section d) may be completed based on information from the toileting chart and the parent/carer. If a child is opening their bowels at night and is more
than one year old, this is normally an indication of constipation. The constipation pathway should be followed.

- High scores for sections e), f), or g) do not mean that a child cannot toilet train. Efforts should be made to address the problems. Hints on how to do this are provided on the assessment tool.

- Inability to handle clothes is of itself not a reason for a child to be prevented from toilet training. Assistance should be given to help the child to learn to handle their clothes, where possible. Advice should be provided to parents/carers about using clothes that are easier to adjust, or about appropriate adaptations. The occupational therapist (where involved) may be able to make suggestions or offer help.

- If it is found that a child never passes urine or opens their bowels on the toilet or potty (sections h) and i)) then appropriately timed toileting should be tried if the child’s scores on the tool are low in other areas. The toileting chart can be used to see if there is any pattern to wetting/soiling or if these are related to drinks or meals. This information can be used to inform toilet visits.

- High scores for section j) does not mean that a child cannot toilet train. Efforts should be made to address the problems. Hints on how to do this are provided on the assessment tool.

- Section k) can be completed using discrete observation of the child in an environment where they are happy and comfortable e.g. home or school. This section considers general behaviour, understanding of simple requests and ability to comply.

The assessment tools should be looked at and consideration given to taking the actions as indicated by the prompts. If these actions are felt to be inappropriate this should be documented with the reasons in the child’s notes.
Appendix 9

Promoting Continence Pathway:

HOW TO OBTAIN SAMPLES OF PRODUCTS

Samples of both washable and disposable products are available. All children must be provided with samples of products, prior to a full order being placed. Once the order has been activated, it cannot be changed prior to the next delivery. Disposable products are on a four month delivery cycle where more than one product per day is prescribed. Where only one product per day is prescribed, the delivery is six monthly.

For all new children, giving and accepting of a sample is not a guarantee that they will receive the products from the continence service. Products are only available for children who have completed a full assessment and where this indicates that they are not able to toilet train for at least six months. A full assessment is required for all children, even those whose disability or medical condition is such that they will be unable to toilet train. This is to ensure that bladder and bowel health is promoted for all children. It must be remembered that most children will be able to attain at least a level of continence, even if they are never able to access the toilet independently. Children must be supported so that they reach their potential for continence.

For all children who have not received products from South Tees Continence Service in the preceding 12 months, new orders have to be authorised by the Children’s Continence Nurse.

There is a formulary of products that are normally prescribed. The formulary includes products that are of a high quality and are believed to provide good containment and value for money. The products on the formulary will meet the needs of most children. It is only in exceptional circumstances that products that are not included in the formulary will be authorised. Those on the formulary should always be tried first.

- To obtain samples of Libero, Tena or washable products contact the continence service administrator on 01287 284113 with the child’s hip and waist measurements (weight is also required for Libero products) with request for the samples required. The child’s name, address and date of birth must also be supplied, together with the address where the samples are to be sent.
- To obtain samples of Attends products email Attends on attendssamples@nhs.net using the completed samples request form, with the product required, name and address of client if to go directly to them, or your name and address if to come to you (recommended – see below)
- Ensure that you comply with information governance policy – do not share confidential information that is not essential to the provision of the samples e.g. diagnosis.
- If you are unsure of which samples to request ask the Children’s Continence Nurse for advice.
- It is suggested that you arrange for samples to be delivered to you. You can check their suitability on the child, prior to sending home or giving to the parent/carer.
- Ensure the parent/ carer understands how to use the product. Leaflets are available from the continence service, to help with this (see below).
The parent/carers must be shown or told how to fold disposable products and ensure they are cupped in the groin area when applied, how to fasten them (bottom tabs first and cross ways for Attends regular products).

- The parent/carers must ensure any elastic is activated (standing at a 90 degree angle from the product)
- The parent/carers must be advised not to use talc and only to use cream if essential. If cream is needed, to use the minimum possible, to rub it in well and to not wipe excess onto the product.
- Ensure the parent/carers knows that they must inform you of how they and their child found the product – any problems with fit, leakage, comfort etc
- Provide the parent/carers with the appropriate information sheets on products and how to get the best from your products. Copies of these are available from the continence service.

There will always be some children, for whom none of the products on the formulary are suitable. If there are problems meeting a child’s need for containment from the formulary, the Children’s Continence Nurse should be contacted with copies of the toilet training assessment, the toileting charts, which products have been tried and why they felt to be unsuitable. The Children’s Continence Nurse will then make suggestions for how best to meet the child’s needs.

**Pullups:** there is no evidence that pull ups are effective for toilet training and they are less effective at providing containment than other products. For this reason they are not normally provided by the continence service.

Products are not normally provided to contain night time wetting as this is considered a treatable problem. For children who have previously been provided products, but have recently toilet trained, consideration will be given to provision of products for night time wetting for up to six months on a case-by-case basis.

**Reassessments and changes in need:**
Once a child has received products, they should be reassessed at least once a year, or sooner if their needs change. If the child is assessed as continuing to require products, the health visitor, nursery nurse, school nurse or school nurse assistant may adjust the order so long as the new product has been fitted, samples have been tried and accepted by the parent/carers and the product required is on the formulary. This does not need to come to the continence service for authorisation.

If it has not been possible to fit the child from the formulary, the continence service must be consulted and will need to authorise the product request. They will need full information of the reassessment and reason for the request.

Parents should be provided with the information booklets ‘Continence Products’ and ‘How to get the Best out of Your Continence Products’. Copies of these are available from the Continence Service. Parents should be reminded that they should try to give notice of changes in their child’s needs about 4-6 weeks before they are due their next delivery, to ensure there is time for the reassessment.