

Additional Assessment Questions Toileting

Parents perception of normal toileting.

Strategies used by parents/teachers/health visitor in management of child's toileting difficulties.

Medical History

Diet

Fluids

- Amounts/types.

Bowel habits

- Is there any diarrhoea/constipation?
- Is there any pain on defaecation?
- Are the stools normal in consistency?
- Is there any blood present?
- Is there any soiling?
- Is there any encopresis?

Urinary continence

- At what age was the child dry during the day?
- If wet during the day, how often?
- Is there any frequency/urgency/stress incontinence?
- Is the child conscious of the need to urinate?
- Is there any night-time wetting?
- Is there any pain on micturition?
- Is there an unpleasant odour on micturition?

Toileting history

At what age did you begin toilet-training?

How did you know your child was ready?

Has the child established bladder/bowel control at home and at school?

How often does the child pass urine/faeces?

Does the child tell the teacher or parents if they are wet or soiled?

Is the child able to clean themselves and change their underwear if necessary?

Is there a daily routine for toileting established at home and school?

Are the toilet facilities at home and school suitable for the child's needs, e.g:

- Is a child's toilet seat needed?
- Is a step available to enable the child to reach the toilet?
- Is the room private/warm?
- Is there easy access to the toilet?
- Are there adequate changing facilities?
- Is there a light left on at night?
- Are there any toileting difficulties or phobias and, if so, what are they?

Are the toileting problems the same at home and school?

Has the behaviour around toileting changed since starting school or changing classes?

Do you think the child is using his behaviour to express distress or anger?

Do the parents have their own issues around toileting?

Handout Factsheet for practitioners Constipation

Possible organic causes of constipation

- Hirschsprung's disease
- Anorectal anomalies, e.g., anal stenosis
- Spinal cord defects
- Metabolic/endocrine abnormalities, e.g., hypothyroidism, hypoparathyroidism, diabetes
- Neurological problems, e.g., cerebral palsy
- Cow's milk protein intolerance

Non-organic causes of constipation

Developmental – cognitive delay

- ADHD
- inadequate toileting by parents

- #### Environmental
- access to school toilets, privacy, etc.
 - access to toilet at home, privacy, etc.
 - access to toilet paper at school
 - provision of soft toilet paper
 - sibling interference

- #### Psychological
- coercive toilet-training
 - excessive parental intervention
 - abuse
 - toilet phobia
 - depression – death in the family, family breakdown, etc.

- #### Other factors
- poor parental role models
 - low-fibre diet
 - inadequate fluid intake
 - lack of exercise
 - family history

Signs and symptoms of constipation

- Poor appetite
- Lack of energy
- Unhappy/angry/irritable
- Irregular bowel actions
- Bowels open less than 3 times per week
- Abdominal distension
- Occasional passage of very large stools
- Foul-smelling wind and stools
- Irregular stool texture
- Anal fissure
- Withholding or straining to stop the passage of stools
- Pain on defaecation
- Passage of blood on defaecation
- Enuresis and urinary tract infection
- Abdominal pain

The management of constipation in children

The management of constipation in children in the community falls easily into five categories, each playing a vital role in the treatment of constipation.

1. Medical/laxative therapy
2. Modification of dietary fibre and fluid intake
3. Behaviour modification
4. Exercise
5. Education and follow-up

(Burnett and Wilkins. (2002) *Journal of Family Health Care*, Vol. 12, No.5. p.129).

Handout for parents Constipation

Recommended high-fibre foods

- Brown, granary or wholemeal bread
- Cereals such as Weetabix, Ready Brek, Frosted Wheats, Shreddies, Raisin Wheats, Puffed Wheat
- Wholemeal pasta, brown rice
- Baked beans and sweetcorn
- All fruit – leave skins on where possible
- All vegetables
- Jacket potatoes and chips with the skins left on
- Biscuits – digestive, fig roll, Hob Nobs

Fluid intake should be increased according to the age of the child and should ideally be water-based drinks

Handout for parents Toileting

Soiling

1. Use a record sheet to monitor when your child has his bowels open
2. Try for regular toileting, at least once a day at the same time of day
3. Ideally your child should go the toilet 20 minutes after a meal
4. He should sit there for at least 10 minutes to try to have his bowels opened
5. It helps if there is privacy, warmth and comfort
6. A step should be provided if your child cannot reach the floor to push against
7. A toilet seat should be provided if the usual seat is too big
8. It helps if there are comics, books, favourite toys or music available in the toilet
9. Try a warm drink after breakfast every morning – it helps to trigger bowel action
10. Make sure your child is eating sufficient fibre, ideally one fibre-rich food should be eaten at every meal. (See Recommended high-fibre foods.)
11. Ensure that your child has an adequate fluid intake. Seek advice from your school nurse to ascertain how much your child should be drinking each day
12. If your child has been prescribed any medication for his bowels, make sure that it is taken according to the instructions given by your doctor
13. Use a reward system, age-appropriate, that has been negotiated by you and your child, e.g., pocket money, treats and star charts
14. Encourage the rest of the family to praise the child appropriately and to offer support and help with filling in the record sheet

Handout Toileting chart

Name: Record commencing:

Toilet sits	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
After breakfast							
After lunch							
After dinner							

Toilet sits	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
After breakfast							
After lunch							
After dinner							

Toilet sits	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
After breakfast							
After lunch							
After dinner							

Toilet sits	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
After breakfast							
After lunch							
After dinner							

Toilet sits	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
After breakfast							
After lunch							
After dinner							

- / Sat on toilet
- * Sat on toilet and emptied bowel

Handout

Advice sheet – daytime wetting

- Encourage regular toileting (bowels and bladder)
- Check daily intake of fluids (six to eight glasses each day)
- Provide a healthy diet
- Promote good hygiene at toilet visits – wiping bottom, shaking penis, and washing hands
- Have a comfortable seat position on the toilet, using a footrest if needed
- Have changes of clothes available at school as well as home
- Do not scold or punish – the child may have little control
- It may take time to achieve complete dryness. Don't expect too much too fast
- Use a reward system for achievable goals (small steps)
- Be consistent and keep focused
- Discuss strategies with other carers, school, childminders, etc., and work together
- Seek medical advice if the child experiences pain or discomfort when passing urine or stools

Handout

Advice sheet for bed-wetting

- It is a common problem; one in every six children starting school still wet the bed
- Children can be helped with support and encouragement
- Do not punish a child for wetting the bed
- Encourage plenty of drinks at regular intervals during the day. Avoid caffeine-loaded drinks and fizzy pops
- Promote good toileting habits during the day (bowels and bladder)
- Promote use of the toilet before bed and again before going to sleep
- Praise any dry nights
- Use a reward system for small steps such as drinking better, bedtime toileting

Further reading for practitioners, parents and children

Helpful books for children, parents and practitioners are available from eric, the children's bowel and bladder charity www.eric.org.uk e.g. 'Softy the Poop: Helping families talk about poo' 'Seven Steps To Nighttime Dryness: A Practical Guide For Parents Of Children With Bedwetting' 'Effective Management of Bladder and Bowel Problems in Children'.