

Infection prevention & control message

Please keeping your hands clean:

- Use the hand sanitiser where available.
- Wash your hands well at every opportunity



Buckinghamshire Healthcare
NHS Trust

Where are we?

We are based at the following addresses:

Children & Young People's Services

The Hartwell Wing
Stoke Mandeville Hospital
Mandeville Road
Aylesbury
Buckinghamshire
HP21 8AL

Tel: (01296) 566014

Team Lead

Tel: (01296) 566016 (referral enquiries)
Mobile: 07827 982198

Children & Young People's Services

Hale Acre Unit

Amersham Hospital,
Whielden Street,
Amersham
Bucks.
HP7 0JD

Tel: (01494) 732975

www.buckshealthcare.nhs.uk

Follow us on Twitter:

@buckshealthcare

Positive thinking about
continence promotion for
children and young people

Patient information leaflet

If you require a translation or an alternative format
of this leaflet please call the Community Nurses
Team on 01296 566016

Author: Ann Poll
Issue date: August 2019
Review date: August 2021

Leaflet code: CNCLD-004
Version: 3.2



We are here to help

In the UK one in 12 children and young people have suffered from a bladder or bowel problem (ERIC 2010), so you need not feel you are alone. This can sometimes be referred to as a continence or incontinence problem. It includes day and/or night-time wetting, as well as constipation and soiling. The Community Nurses Team Children with a Learning Disability (CNCLD) have created this leaflet to offer all children and families advice around:

- general toileting tips.
- helping you to help your child get dry at night.
- information on healthy bowels.
- healthy eating.
- encouraging independence through keeping clean.

If your child is over **five years old** and has a diagnosis of a learning disability and you need support with toilet training or an assessment for continence products, any professional who knows you, can refer to The Community Nurses Team Children with a Learning Disability (CNCLD). Ask them to call us about how to refer electronically on: **01296 566016**.

If your child is **seven years old** or over and needs help in particular with enuresis, please contact your GP, who can refer you on to your School Nurse. All other School Nurse enquiries regarding toileting should be through the following email address: bht.schoolhealth-enquiries@nhs.net

How to refer details are on the School Nurse website: www.buckshealth.nhs.uk/schoolnursing

If your child has **physical disabilities** that may be affecting their toileting you may want to think about a referral to the Paediatric Occupational Therapy Team, If you have any queries, you can call them on: **01296 566045**

All our services can be accessed through our shared Children and Young People's Service website at; <https://www.buckshealthcare.nhs.uk/Children-and-young-people>

For more information about other services in Buckinghamshire you can visit: <https://www.bucksfamilyinfo.org>

Toileting Priorities

- ✓ Make the toilet a pleasant place to be e.g. warm, accessible height, tissues/wipes available.
- ✓ Space trips to the toilet about every 1 ½ - 2 hours
- ✓ Encourage your child to go to the toilet last thing before going to sleep.
- ✓ Use distraction activities but ensure your main focus is on the bladder.

Expectations

- ✓ Try without using nappies/absorbent pants
- ✓ Look for any small signs of progress
- ✓ Expect progress and accidents
- ✓ Be realistic about your goals
- ✓ Patience, hard work and effort is required.

Rewards

- ✓ Praise/reward improvements
- ✓ Be consistent
- ✓ 10 minutes on the toilet as a maximum
- ✓ Use communication tools your child understands
- ✓ Involve your child in shopping for new pants etc.
- ✓ If necessary, break the task down into small achievable steps

Bladder control

- ✓ Encourage your child to feel bladder sensations when full
- ✓ Complete charts provided by your nurse as accurately and with as much information as possible, to help us help you.

Acknowledgments:

Bedwetting in children and young people: NICE Quality Standard 2014

Bedwetting in under19s: NICE Clinical Guideline (October 2010)

The Bristol Stool Scale - Dr K Heaton, Reader in Medicine, University of Bristol.

NICE guidelines 2009

NICE guidelines Cg99 2017

Further Support & Advice

Your Health Visiting Service may be able to provide you with advice around toilet training; if your child is still **under five**. Children over the age of four, who have medical conditions that affect their bowels or bladder or a learning disability may meet the Buckinghamshire NHS Trust Policy for continence products but this will require an assessment of need by a Healthcare Professional.

Resources

Bladder and Bowel UK offers advice and information on all bladder and bowel issues in children and young people including those with additional needs.

<https://www.bbuk.org.uk>

Telephone Help-Line: **0161 607 8219**

eric: A useful website that provides information and resources to both parents and professionals around continence promotion in children:

<http://www.eric.org.uk/>

Stopbedwetting: This site offers support to both patients and health care professionals to make informed decisions about childhood bedwetting:

<http://www.stopbedwetting.org/>

Top Tips for Toilet Training:

Fluids

✓ Increase daytime drinks of water if possible - 7pm last drink

✗ Avoid fizzy drinks generally

✗ Avoid blackcurrant, pineapple juice, coffee and tea (caffeine based drinks)

Waking/Lifting

✓ lifting your child during the night will not help the bladder to function any better.

✓ If however, your child wakes in the night and needs the toilet this is fine.

Keep it POSITIVE

✓ Do not blame your child or yourself

✓ Do not think you have failed

✓ Focus on improvements

✓ Plan a treat for yourself when things go well.

Your Feelings

- ✓ Be Patient
- ✓ Be honest with us if you are struggling
- ✓ Try to keep calm to help reduce your child's anxiety
- ✓ Do not feel guilty if things don't go well
- ✓ Try not to lose your temper
- ✓ Share your feelings with others.

Night Time Wetting (Nocturnal Enuresis)

Children are generally expected to be dry at night by a developmental age of five years. The following recommendations are specific to the under five years age group:

Many children under five years wet the bed and approximately 1 in 5 children of four and a half years wet the bed at least once a week. Do you need advice and support to get started? Your Health Visitor may be able to advise you.

Night Time Dryness for Under Fives:

- Try at least two nights in a row without nappies or pull-ups if your child is bedwetting and is under five years and has been toilet trained by day for longer than six months.
- Think about alternative bed protection rather than nappies; ask your healthcare professional about this.

Sensory ideas

Try – Encouraging your child to do Simon says “Touch their head, touch, their bottom”.

Try – Encouraging your child to rub their hands together to increase body awareness/sensitivity. Check that the toilet is a warm and comfortable place to be.

Try – Cutting a hole in the pad and sit your child on the toilet over the top of it or draping the pad over the toilet so that it can still be felt.

Try – Putting chocolate spread/smooth peanut butter on a paper plate or a window and practice wiping.

- Try running toilet wipes under the warm tap before use.
- Use a mirror so your child can see what they are doing.
- Buy steps and a seat insert if there are balance problems sitting on the toilet.
- You could consider washable pants but a healthcare professional would need to check availability and re-assess you child's needs.

Top Tips

Try – practicing “hand over hand” to gently guide your child in to wiping properly ✓

Try – keeping going with lots of praise, rewards and stickers ✓

Try – not to make an issue out of it, make it part of the routine ✓

Try – using a doll to practice good techniques ✓

Try – backward training; work backwards from what you want to achieve ✓

Try – putting stickers on your child's bottom and getting them to reach round to find them ✓

Try – teaching your child how to wipe rather than smear; take three or four squares of paper and fold it so fingers don't push through. Then encourage wiping bottom to top once- don't keep wiping upwards- encourage looking at the paper and putting it in the toilet themselves to gently increase the time on the toilet.

- If your child is under five years old and bedwetting and wakes at night, it is OK to take him/her to the toilet.
- It may be advisable to consider a further assessment and investigation to exclude specific medical problems for children over five years who:
- Despite awareness of toileting needs and showing appropriate toileting behaviour, are struggling to not wet themselves during the day or night.
- It is important for your child to be assessed by their GP if they are under five years with bedwetting and constipation as well.

Consider a longer trial in children who:

- are older than five
- achieve some reduction in wetness
- have a learning disability or other developmental delays
- has a physical disability

Did you know?

Children and young people may have undiagnosed chronic constipation and this is a common cause of wetting and soiling in younger children?

Lifting, carrying or walking your child to the toilet with your child still half asleep will not help the situation, as your child needs to be fully awake in order to take charge of their dryness.

Things to be aware of:

- Involving your child at every stage helps to boost their confidence and self esteem
- Early signs of a response may include smaller wet patches, waking to the alarm, the alarm going off later and fewer times per night and fewer wet nights
- Dry-bed training is a training programme that may include combinations of a number of different behavioural interventions, that may include rewards, training routines, waking routines, and may be undertaken with or without an alarm ask your School Nurse for advice.

Soiling or Bowel Problems

Most children can control their bowels and are toilet trained by the age of four. Problems controlling bowel movements can cause soiling, which may lead to frustration and anger on the part of the child and those around them.

The Final Stage - Keeping Clean

Sometimes children can struggle with the last few steps of toilet training; there may be several reasons associated with this but most importantly, sticking to your routines, trying to remain calm and positive will again help your child through the bottom wiping stage.

Health Checks

- Get to know your child's bowel habits – frequency is a very individual thing, what is normal for one child may not be for another.
- Check whether your child is fully emptying their bowels.
- Check how healthy their poo is against the Bristol Stool Scale page 12. Then if need be try and make small changes to your child's diet by introducing more fruit, fibre, water etc.
- Check that your child is wiping “back to front” to avoid urinary tract infections.

Aids & Equipment Suggestions

- Try waterproof mattresses
- Try all in one sleep suits
- Try using social stories and or visual aids
- Try messy play; hands in paint, using play do, clay.
- Try using rubber gloves and wipes if children do not like getting their hands “dirty”. Have a small bin close by for disposal.

THE BRISTOL STOOL FORM SCALE (for children)

choose your POO!

type 1		looks like: rabbit droppings Separate hard lumps, like nuts (hard to pass)
type 2		looks like: bunch of grapes Sausage-shaped but lumpy
type 3		looks like: corn on cob Like a sausage but with cracks on its surface
type 4		looks like: sausage Like a sausage or snake, smooth and soft
type 5		looks like: chicken nuggets Soft blobs with clear-cut edges (passed easily)
type 6		looks like: porridge Fluffy pieces with ragged edges, a mushy stool
type 7		looks like: gravy Watery, no solid pieces ENTIRELY LIQUID

Some of the reasons for soiling are:

- problems during toilet training
- physical disabilities, which make it difficult for the child to clean him/herself – see Keeping Clean (page 10)
- physical condition, for example chronic constipation or Hirschsprung's Disease
- family or emotional problems may play a part

Encopresis:

If it is not caused by a physical illness or disability it is called encopresis. Children with encopresis may have other problems, such as short attention span, low frustration tolerance, hyperactivity and poor coordination. Occasionally, the problem may start with a stressful change in the child's life.

Early Intervention:

Although most children with soiling do not have a physical condition, they should have a complete physical evaluation by their GP or Paediatrician. Early treatment of a soiling or bowel control problem can help prevent and reduce social and emotional pain for your child and family. See Bristol Stool Scale on page 12 to help you monitor the situation.

Environmental

Make the toilet a pleasant place to be e.g. warm, accessible height, steps, tissues/wipes available, going to the toilet after meals.

Expectations

- ✓ Try without using nappies/absorbent pants.
- ✓ Look for any small signs of progress
- ✓ Expect progress and accidents!!
- ✓ Be realistic about your goals
- ✓ Hard work and effort is required!
- ✓ Encourage sitting on the toilet, but do not force them
- ✓ If your child insists on using potty or nappy – encourage them to do so in the Toilet/bathroom
- ✓ Involve your child in emptying their stool down the toilet and flushing it away.

Bowel control

- ✓ Observe your child's behaviour for signs of withdrawing prior to soiling – noting place and times
- ✓ When your child shows signs of withdrawing – that is the time to take them to the toilet

Constipation

If your child has hard stools and complains of discomfort passing stools, increase their fluids, fruit and fibre consumption, see the Bristol Stool Scale page 12. If the problem persists please see your GP for advice and options.

Rectal Prolapse – this is a relatively common occurrence when first moving from potty to child seats on toilets. Excessive straining by the child can result in occasional rectal prolapse – where a section of the rectum protrudes from the anus. Should this occur, do not panic, but seek urgent attention, if necessary via your local A&E Departments, who can advise and assist, and give recommendations should this occur again.