

Children's Continence Check List – for all children 0-18years (and 19years in special schools)

Child's Name:	Date of birth:
	NHS No:
Initial Assessment completed by:	Presenting problem:
Contact details:	Date:

Prior to undertaking the assessment, the child and family should complete a bladder and bowel diary using standard documentation capturing the information below:

- Fluid intake (what, when and how much the child has drunk).
- Frequency and consistency of bowel movements (use Bristol Stool Form chart) expected frequency of no more than x 3 per day / no less than 3 per week.
- Any soiling, including time, amount and location.
- Number of voids, including any wetting (normal range 4 – 7 voids per day)
- Volume of voids (expected bladder capacity = age x 30 + 30)
- Any bedwetting with estimated size of wet patch, and time if known

Fluid intake (refer to chart for age appropriate intake):

Age	Total drinks per day
4-8 years	1000ml-1400ml
9-13 years	1200ml-2300ml
14-18 years	1400ml-3200ml

	YES	NO	ACTION
Good fluid intake: drinks 6-8 water based drinks per day (total appropriate for age)			If no, advise to adjust intake accordingly.
Poor fluid intake (less than 80% of expected for age) and/or includes fizzy and caffeinated drinks			If yes, to adjust fluid as necessary – referral will not be accepted unless minimum 80% is achieved.
Drinks spread evenly throughout the day?			If no, advise re regular drinks including three drinks in school and last drink 1-2 hours before bed.

Bowel Function:

Red flags	YES	NO	ACTION
Any delay in passage of meconium (>48 hrs)			If yes, refer infant directly to paediatrician, discuss older child with continence nurse
Symptoms apparent within first few weeks of life			If yes, refer infant directly to paediatrician, discuss older child with continence nurse
Passing ribbon (very narrow) stools from birth			If yes, refer infant directly to paediatrician.
Concern re abdominal distension with vomiting			If yes, refer infant directly to paediatrician
Recent leg weakness noticed			If yes, refer infant to paediatrician

History	YES	NO	
Less than 3 bowel movements per week (in non-breastfed baby and weaned baby)			If yes, consider constipation – refer to local level 1 pathway
Has frequent daily soiling?			If yes, consider faecal impaction – refer to constipation pathway
Stool consistency (use Bristol Stool Form Chart) reported to be 1-3 or 6-7			If yes, consider potential for constipation - refer to local level 1 pathway
Often or occasionally opens bowels during sleep?			If yes, consider if toilet refusal in the day (behavioural issue) or if underlying constipation
Struggles to open bowels, withholds, has pain with bowel motions, has frequent abdominal pain?			If yes, suggestive of constipation – refer to local level 1 pathway
Other? (describe)			If concerned discuss with continence nurse, or refer on to GP or paediatrician, as appropriate

Daytime Bladder Problems:

Red flags	YES	NO	ACTION
History of repeated UTIs			If yes, refer to GP for further investigation.
Child (particularly girls) reported to be always wet during the day			If yes, refer to GP for further investigation.
Any reported straining to void or weak stream			If yes, refer to GP for further investigation.
History			
Voids either >7 or <4 times per day			If yes, check fluid intake to ensure within recommended amount and refer to daytime wetting pathway
Is toilet trained and has wetting accidents during the day			If yes, refer to daytime wetting pathway
Some reported frequency (voids > x7) or urgency (has to dash to the toilet)			Advise re regular toileting (eg 2 hourly) plus regular drinks
Child has failed to achieve day time dryness at all by age 3 years			If yes, refer to toilet training pathway
Other? (describe)			If concerned, discuss with continence nurse

Toileting issues (from age 2 years including those with additional needs):

Behavioural problems or anxieties about using the toilet?			Consider behavioural support techniques
Has a mobility that interferes with ability to sit on the toilet safely?			Consider referral to OT
Gives no indication of needing to use the toilet?			If yes, refer to toilet training pathway.
Never or rarely passes urine or opens bowels on the toilet/potty?			If yes, refer to toilet training pathway.
Insists on nappy for opening bowels or other toilet refusal?			If yes, consider behaviour modification programme.
Other? (describe)			If concerned, refer to toilet training pathway and discuss with continence nurse.

Night time wetting (children over the age of 4 yrs):

Red flags			
Reported weight loss or excessive thirst			Refer to GP for investigation (eg urinalysis and blood sugar)
Some concern re parental intolerance / safeguarding issues			If yes, follow local safeguarding policy
History			
Is wet more than two nights a week?			If yes, clinically significant refer to bedwetting pathway
Wakes after wetting			Possible overactive bladder – confirm no daytime symptoms
Other? (describe)			Refer to bedwetting pathway and discuss with continence nurse if concerned

NB: ensure additional information is documented in child's notes and included on any referrals.

OUTCOME:

Advice offered: (provide details)	
Information sheets provided to family (provide details)	
Commenced on pathway: (details of pathway)	
Date for reassessment/review:	
Referred to continence service	Date
Signature	Date

References

NICE 2010 Constipation in children and young people – diagnosis and management <https://www.nice.org.uk/guidance/cg99>

NICE 2014 Constipation in children and young people – Quality Standard <https://www.nice.org.uk/guidance/qs62>

NICE 2010 Bedwetting in children and young people – Guidance <https://www.nice.org.uk/guidance/cg111>

NICE 2014 Bedwetting in children and young people – Quality Standard <https://www.nice.org.uk/guidance/qs70>

Birth to Five HSCNI

<http://www.publichealth.hscni.net/publications/birth-five>

Healthy child programme 0-19: health visitor and school nurse commissioning <https://www.gov.uk/government/publications/healthy-child-programme-0-19-health-visitor-and-school-nurse-commissioning>