

**INSTRUCTIONS FOR PAEDIATRIC ASSESSMENT TOOL FOR TOILET TRAINING READINESS**

**This tool should only be used when assessing for product provision and after a trial of toilet training has been carried out**.

It is not possible to properly assess bladder and bowel function unless the parents/carers complete a toileting diary for at least three days if possible (or as many days as they can manage).

Throughout the assessment tool, suggestions are made about actions that may help resolve some of the CYP’s presenting problems. Highlighted problems should not be ignored, but treated where possible and the CYP then reassessed for their ability to toilet train. It is highly recommended that these suggestions are used. In this way, more CYP will be supported to toilet train, rather than remaining reliant on containment products, with the associated benefits of the CYP achieving their potential, improving independence, self-esteem, self-confidence and in reducing stress to them and their family.

**SCORING**

30 and above: Indicates a **HIGH** clinical need but the CYP may have potential for toilet training in the future. They will probably require long term disposable containment products, but should be supported with skill development and should have a regular (6 -12 month) review.

17 – 30: Indicates **MEDIUM** clinical need. The CYP may have potential for toilet training and should commence or continue a toilet skill development programme. The CYP may need a short term supply of disposable containment products, until they have acquired the appropriate skills for formal toilet training. However they may also be appropriate for the provision of washable containment products, which better support toilet training. These CYP will need regular (3 - 6 month) review.

Up to 16: Indicates a **LOW** clinical need. These CYP may respond positively to a toilet training programme with regular review (at least monthly). It may not be appropriate to supply containment products, as prolonged use of disposable containment products in this group has been found to delay toilet training.

**Exceptions**

There will always be exceptions within the scoring system and HCPs need to understand that this tool is designed as an aid to decision making. It does not override clinical expertise and specific issues relating to individual CYP.

For example there may be some CYP with congenital ano-rectal anomalies and ongoing soiling (such as those with imperforate anus, or Hirschsprung’s disease), who may score LOW but may be eligible for disposable containment products, while they are waiting for corrective surgery or treatment intervention.

There may be other CYP who score HIGH, because they have not been exposed to a toileting routine previously and have total lack of awareness of their bowel or bladder. Many of these CYP progress well on a toilet training programme and therefore it would be detrimental to them to provide disposable containment products, which would further delay toilet training. **It is important to use sound clinical judgement.**

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| **Appendix 3b** **PAEDIATRIC ASSESSMENT TOOL FOR TOILET TRAINING READINESS** |
| **Child’s Name: ………………………………………………**  | **Date of Birth: ……………………..**  | **SCORE** > 30 **HIGH** – consider a disposable product (according to local policy) 17 – 29 MEDIUM – may be able to be toilet trained but may need to consider 2 piece disposable or washable product short term (according to local policy) < 16 **LOW** - consider toilet training programme and try removal of disposable product (if worn)  |
| **Assessment completed by: ………………………….**  | **Date of assessment: ……………**  |
| ***BLADDER /BOWEL MATURITY***  | Score  |
| **(a) Bladder function – bladder emptied**  |
| 1 More than once per hour,  | 3  | Check fluid intake – adjust if necessary If frequency persists > aged 5 yrs consider assessment for OAB  |
| 2 Between 1-2 hourly  | 2  | Indication of developing bladder maturity  |
| 3 More than 2 hourly  | 0  | Maturing bladder – consider toilet training readiness  |
| **(b) Bowel function**  |
| 1 Opens bowels more than three times a day  | 3  | Exclude underlying constipation  |
| 2 Does not always have normally formed bowel movements i.e. is subjected to constipation or diarrhoea  | 2  | Address underlying bowel problem before commencing toilet training (check Bristol Stool Form score)  |
| 3 Has regular normally formed bowel movements  | 0  | Mature bowel – consider toilet training readiness  |
| **(c) Night-time wetting**  |
| 1 Usually i.e. most or every night  | 3  | If over the age of 5 years and dry in the day consider referral to the enuresis service  |
| 2 Frequently i.e. has occasional dry nights  | 2  | Indication of developing bladder maturity  |
| 3 Rarely/Never i.e. is usually dry at night  | 0  | Mature bladder – consider toilet training  |
| **(d) Night-time bowel movements**  |
| 1 Occur more than once per week  | 3  | Assess for underlying constipation – treat as appropriate  |
| 2 Never occurs  | 0  | Mature bowel  |

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| **INDEPENDENCE / AWARENESS**  | SCORE  |
| **(e) Sitting on the toilet**  |  |
| 1 Afraid or refuses to sit  | 4  | Consider behaviour modification programme  |  |
| 2 Sits with or without help  | 2  | Liaise with O.T if necessary re toilet adaptation/equipment  |  |
| 4 Sits without help for long enough to complete voiding  | 0  | Check for bladder/bowel maturity and consider toilet training readiness  |  |
| **(f) Going to the toilet**  |  |
| 1 Gives no indication of need to go to the toilet  | 4  | Consider introducing strategies to raise awareness of wet/dry/soiled  |  |
| 2 Gives some indication of need to go to the toilet  | 2  | Introduce positive reinforcement for target behaviour  |  |
| 3 Sometimes goes to or asks for toilet of own accord  | 0  | Consider formal toilet training programme  |  |
| **(g) Handling clothes at toilet**  |  |
| 1 Cannot handle clothes at all  | 3  | If child physically able introduce programme to encourage child to pull pants up/down independently  |  |
| 2 Attempts or helps to pull pants up/down  | 2  | Introduce positive reinforcement for target behaviour  |  |
| 3 Pulls clothes up and down without help  | 0  | Consider toilet training readiness  |  |
| **BEHAVIOUR**  |  |
| **(h) Bladder control**  |  |
| 1 Never or rarely passes urine on toilet/potty  | 3  | Complete baseline wetting/soiling chart to identify voiding interval and then start toilet sitting at time when bladder more likely to be full  |  |
| 2 Passes urine on toilet sometimes  | 2  | Consider removal of nappy (if worn) and introduction of formal toilet training programme  |  |
| 3 Can initiate a void on request  | 0  | Good evidence of bladder maturity commence on toilet training programme  |  |
| **(i) Bowel control**  |  |
| 1 Never or rarely opens bowels on toilet/potty  | 3  | Complete baseline wetting/soiling chart to identify frequency of bowel movements and then start toilet sitting at a time when bowel more likely to be emptied e.g. after meals  |  |
| 2 Opens bowels on toilet sometimes  | 2  | Consider toilet training readiness  |  |
| 3 Opens bowels on toilet every time  | 0  | Evidence of bowel control consider formal toilet training  |  |
| **(j) Behaviour problems, that interfere with toileting process e.g. screams when toileted**  |  |
| 1 Occurs frequently, i.e. once a day or more  | 4  | Consider liaison with LD team/CAHMS re behaviour modification programme  |  |
| 2 Occurs occasionally, i.e. less than once a day  | 2  | Consider assessment to identify ‘trigger’ factors for behaviour e.g. sound of hand dryer  |  |
| 3 Never occurs  | 0  | Check bladder/bowel maturity and consider toilet training readiness  |  |
| **(k) Response to basic commands, e.g. “come here”,**  |  |
| 1 Never/ Occasionally responds to commands  | 4  | Consider introducing ‘routine/social stories’ to gain co-operation  |  |
| 2 Usually responds  | 0  | Consider toilet training readiness  |  |

**Toileting Chart Instructions**

In order to help plan a toileting programme and also to identify if there are any underlying problems, such as constipation, a baseline bladder and bowel chart should be completed.

Modern disposable nappies have what is called ‘super absorbency’ inside the nappy which ‘locks’ away urine so the top layer of the nappy stays dry next to the CYP’s skin. While this maintains skin health, it reduces the likelihood of the CYP feeling wet. It also makes it very difficult to know exactly how many times a day a CYP passes urine and whether they are dry after a nap, for example.

To complete the chart, therefore something is needed inside the nappy to make it easy to identify if the CYP has passed urine. This could be folded pieces of kitchen roll (one that does not disintegrate when wet).

The chart should be completed for at least three full days or as long as the parent or carer can manage. These days do not need to be consecutive, but the CYP needs to be home for most of the time. Schools and nurseries do not usually have the resources to help, so charts should be done at weekends or during school holidays. The more days that are completed the greater the likelihood of any patterns to bowel actions and voids being identified, which can be helpful for toilet training.



 **BLADDER/BOWEL ASSESSMENT CHART**

Child’s name Date

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Time  | Drink or feed volume  | Drink or feed type  | **Nappy/Pull-up/Pad/Pants** Dry/damp/ wet/soaking  | **Stools Quantity** small/medium /large  | **Stool Type** Bristol Stool number  |
| First nappy change | Overnight total: |  |  |  |  |
| 7.30  |  |  |  |  |  |
| 8 am  |  |  |  |  |  |
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| Any night time feed or nappy changes?  |  |  |  |  |  |
| **TOTALS**  |  |  |  |  |  |



 **BLADDER/BOWEL ASSESSMENT CHART**

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| Any night time feed or nappy changes?  |  |  |  |  |  |
| **TOTALS**  |  |  |  |  |  |



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| 7.30  |  |  |  |  |  |
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| **TOTALS**  |  |  |  |  |  |

**Instructions for parents completing Bladder/Bowel Assessment Chart**

1. You have been asked to fill this chart in to ascertain whether or not your child’s bladder and bowels are emptying at appropriate intervals. This can for instance help identify constipation, or an overactive bladder – i.e. a bladder that is squeezing when it shouldn’t. Even if a child is never going to achieve continence, a healthy bladder and healthy bowels should be promoted at all times.

2. You may also have been asked to fill in this chart to see how often your child wees or poos and if there is any pattern, in order to plan a toilet training programme.

3. Choose a day when your child is going to be home all day – not a school day!

4. Your doctor or nurse will tell you how many days they would like to be recorded – usually a minimum of two days. The most important thing is accuracy – if necessary they can be separate days, but you’ll be able to see if a pattern emerges if you can manage consecutive days.

5. You need to check your child’s nappy every half an hour to see if they have passed any wee or poo. It can be hard to tell if the child has passed a small wee as the nappy will wick the wetness away. SO, put some folded kitchen paper into the nappy – that will stay wet if your child wees. Change it every time you find it wet.

6. Write down every drink, every wee, and every poo. Write by the nearest hour or half hour – you don’t have to record the exact time.

7. Please measure drinks/feeds in mls.

8. In the **Stool Type** column, write down the number from the Bristol Stool Chart that best describes the poo – see image below.

9. If you feed or change your child at night, please summarise the information in the night time box

on the chart.

