



# Bladder and Bowel UK

formerly PromoCon

part of Disabled Living

## **BASELINE BLADDER / BOWEL CHART (TOILETING CHART)**

Information to help complete the chart

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 child's skin. While this maintains skin health, it reduces the likelihood of the child feeling wet. It also makes it very difficult to know exactly how many times a day a child 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 child 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 child needs to be home for most of the time. Schools and nurseries do not usually have the resources to help. 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.

At the first nappy change of the day the kitchen roll liner is put inside the nappy. The nappy must then be checked hourly and a record made on the chart whether the pad was wet (W), or dry (D), or if the child has had their bowels opened (B). If the kitchen roll pad is wet then it should be changed, but the nappy can stay on until it cannot hold any more urine, or is soiled (i.e. when it would normally be changed).

If the child uses the toilet or potty at any time then indicate in the pad column if the child has had a wee (TU) or a poo (TB) on the toilet.

Every time the child has a drink then that should be recorded in the Drinks column, with the volume if possible. If the child has a tube feed that should be recorded in the drinks column, with the volume.