Bladder & Bowel UK
Supporting people with bladder and bowel problems
part of Disabled Living

PAEDIATRIC SCORING TOOL FOR ISSUING OF CONTINENCE PRODUCTS

Currently the provision of disposable continence products to children varies across the country - not only in the type, but also in the number of products allowed per 24 hours. However, more worryingly, many children in receipt of continence products have been issued them without undergoing an appropriate continence assessment first. This means that the child's potential for toilet training is not being fully assessed. Consequently any skill deficits are not being identified and appropriate skill development programmes are not being put in place. Also any underlying problems (such as constipation) are being missed and therefore are not being treated.

Assumptions should not be made about the ability or lack of ability of children and young people to be toilet trained. Children with additional needs often require support to attain developmental skills and toilet training is no different. It should not be delayed, although full assessment may be required and skill deficits addressed. Continence should be promoted at all times: '...*the provision of continence products to this group of children* (those with additional needs) *should be the exception rather than the rule.'* (NHS England 2015)

This assessment tool has been developed to aid clinical decision making, when provision of containment products is being considered. It is designed to be used as an aid to decision making, but does not replace clinical expertise, or the need for a comprehensive continence assessment.

This product assessment tool should only be used after the child has undergone a comprehensive continence assessment and has gone through a toilet skill development programme of a minimum of 12 weeks, unless there are clear underlying medical or neurological reasons for lack of bladder/bowel control.

USING THE TOOL

It is not possible to properly assess bladder and bowel function unless the parents/carers complete a toileting diary for a minimum of three days. They should be asked to check their child's nappy or pull up hourly for at least three days and record whether it was wet, dry, or soiled on a toileting chart. They should monitor their child's fluid intake over the same time period. The information from the toileting chart can be used to determine whether the child is having adequate drinks, whether there are indications of constipation and whether the bladder and bowel appear to be mature.

Throughout the assessment tool, suggestions are made about actions that may help resolve some of the child's presenting problems. Highlighted problems should not be ignored, but treated where possible and the child then reassessed for their ability to toilet train. It is highly recommended that these suggestions are used. In this way, more children will be supported to toilet train, rather than remaining reliant on continence products, with the associated benefits of the child 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 child 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 monthly) review.

17 – 30: Indicates **MEDIUM** clinical need. The child may have potential for toilet training and should commence a toilet skill development programme. The child 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 products, which better support toilet training. These children will need regular (3 - 6 monthly) review.

Up to 16: Indicates a **LOW** clinical need. These children 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 products in this group has been found to delay toilet training.

EXCEPTIONS

There will always be exceptions within the scoring system and practitioners 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 children.

For example there may be some children with congenital anorectal 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 children who score HIGH, because they have not been exposed to a toileting routine previously and have total lack of awareness of their bladder and bowel. Many of these children progress well on a toilet training programme and therefore it would not be beneficial to them to provide disposable containment products, which would further delay toilet training. **It is important to use sound clinical judgement.**

REFERENCES AND SUGGESTED FURTHER READING

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