Children's Continence Care Pathway

Child presents with bladder/bowel problem

Delayed toilet training
- Health visitor / nurse (level one)
- Toilet training programme as per pathway
- No progress
- Children's Continence Nurse
- Continence Assessment
- Continence Management Plan
- No progress

Constipation / soiling
- Red flag signs
- Health visitor / nurse (level one)
- Initial treatment as per constipation pathway
- No progress
- Children's Continence Nurse
- Continence Assessment
- Management Plan
- No progress

Night-time wetting
- Nurse level 1 intervention
- Assessment
- Management Plan as per pathway
- No progress in three months
- Children's Continence Nurse

Daytime wetting
- Red flag signs
- Consultant Paediatrician
- Children's Continence Nurse
- Management assessment
- Continuous assessment
- Management plan
- No Progress.

Resources / Reference:

Notes:
The children's continence nurse will refer on to whichever service the child may need, such as paediatrics, psychology, CAMHS, dietician and the regional children's urology services and gastroenterology.
All children should undergo level 1 assessment and management prior to referral to Children’s Continence Nurse (level 2)
Assessment and management will follow relevant NICE Guidelines and Quality Standards
All healthcare professionals to be aware of safeguarding issues and follow local policies and procedures
Child identified with potential for delayed toilet training (e.g. child with additional needs) by health visitor, nurse or other health care professional

Initial assessment to exclude underlying bladder/bowel problem

No progress/any concerns

Commence treatment as per appropriate pathway. Liaise with GP as necessary for medication

Problem identified e.g. Constipation

Liaise with /refer to Children’s Continence Nurse

For information on ‘Red Flags’ refer to NICE guidance at https://www.nice.org.uk/guidance/cg99/chapter/1-guidance

Resources
1. Useful resources for families and carers: http://www.bbuk.org.uk/children-young-people/children-resources/

One Step at a Time: CD Available from Bladder and Bowel UK
Child presents with delayed toilet training

- Initial assessment

  - Bladder or bowel problem identified?
    - Yes
      - Commence treatment as per appropriate pathway
    - No
      - Red flags
        - Yes
          - Refer to paediatrician
        - No
          - Commence individualized toilet training programme

  - Review as appropriate to individual need
    - Yes
      - Progress
    - No
      - Discuss next steps with family, adjust toileting programme and consider use of daytime wetting alarm if appropriate. Base all interventions on support for skill development, promotion of bladder and bowel health and outcome of latest review.

- Commence individualized toilet training programme

- Parallel plans for all children
  - Provide appropriate explanations and written information
  - Provide appropriate dietary and fluid advice
  - Liaise with multidisciplinary team as appropriate to promote consistency between carers
  - If the child has physical or sensory difficulties consider OT referral for appropriate toilet aids and adaptations
  - Consider compliance and safeguarding issues

- Resources
  - For families and carers at http://www.bbuk.org.uk/children-young-people/children-resources/
  - For professionals at http://www.bbuk.org.uk/professionals/professionals-resources/

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Children’s Continence Care Pathway
Constipation/Soiling – level 1

**Red flags**
- Delay in passage of meconium >48 hours after birth
- Symptoms in first few weeks of life
- Ribbon stools from birth
- Abdominal distension with vomiting
- Recent leg weakness

Child presents with constipation/soiling

Initial assessment by nurse/health visitor (level 1)

- No

- Red flag signs

- No

Child presents with constipation

Liaise with GP re introduction of macrogols (e.g. Movicol)

Give fluid/diet/lifestyle advice

Keep under regular review/liaison with GP

No progress in three months

Child presents with soiling indicating impaction

Refer to Children’s Continence Nurse for disimpaction (if necessary) and ongoing management (level 2)

Parallel plans for all children
- Liaise with relevant healthcare professionals
- Provide written information, diet, fluid and toileting advice
- Consider compliance and safeguarding issues

References:
- NICE Guideline Childhood Constipation
  https://www.nice.org.uk/guidance/cg99
- NICE Quality Standard Childhood Constipation
  https://www.nice.org.uk/guidance/qs62
Child presents with constipation/soiling

Initial assessment by continence nurse

Provide appropriate explanations and information to child and family

Faecal impaction present

Yes

Disimpact as per NICE

No

Red flag signs

Yes

Immediate referral to Paediatrician

No

Review medication, check adherence. Consider coeliac disease/cow’s milk allergy. Liaise with dietician/GP/Paediatrician as necessary

Progress made?

Yes

Continue treatment for several weeks after bowel habit/toilet training established, then reduce as tolerated

No

Constipation persists – liaise with paediatrician and consider suppositories/micro enemas if acceptable and tolerated

Constitnation persists – liaise with paediatrician and consider rectal irrigation

No

Review medication, check adherence. Consider coeliac disease/cow’s milk allergy. Liaise with dietician/GP/Paediatrician as necessary

Review in within one week, disimpaction complete?

Yes

Commence maintenance laxatives as per NICE and review as required (2-12 weekly)

No

References:
NICE Guideline Childhood Constipation
https://www.nice.org.uk/guidance/cg99
Nice Quality Standard Childhood Constipation
https://www.nice.org.uk/guidance/qs62

Parallel plans for all children
Reinforce explanations as required and provide suitable resources to support
Consider toileting regimes
Give diet and fluid advice
Liaise with school and relevant healthcare professionals
Consider safeguarding issues

For information on ‘Red Flags’ refer to NICE guidance at
https://www.nice.org.uk/guidance/cg99/chapter/1-g Guidance
Children identified with enuresis (Bedwetting)

Child under 5 years
- Initial assessment to exclude underlying constipation and any delay/problems with daytime bladder control
- Explanations to parents or carers. Give fluid/toileting/lifestyle advice
- If child has been dry in day for >6 months suggest trial removal of night time nappy/pull up if worn
- Bedwetting persists at age 5 years
- Refer to Nurse (level 1)

Child over 5 years
- Initial assessment to exclude underlying constipation and any delay/problems with daytime bladder control
- Nurse (level 1)
- Refer / liaise with GP / Children’s Continence service if there are any concerns
- Give fluid/toileting/lifestyle advice. Discuss rewards for achievable behaviour
- No progress after 6 weeks
- Consider medical intervention e.g. desmopressin or alarm, or discussion with /referral to continence service (level 2)

Parallel plans for all children
- Liaise with relevant healthcare professionals
- Provide written information
- Consider compliance and safeguarding issues

Red Flags
- Reported weight loss or excessive thirst – refer to GP for urinalysis and blood sugar
- Concern about parental intolerance or safeguarding issues – refer to local safeguarding policy

References:
- NICE Guideline Bedwetting in children and young people
  https://www.nice.org.uk/guidance/cg111
- NICE Quality Standard Bedwetting in children and young people
  https://www.nice.org.uk/guidance/qs70
Child presents with enuresis (bedwetting)

- Bladder and bowel assessment including bladder diary and bowel charts
- Explanations to child and family. Give fluid/toileting/lifestyle advice
- Assessment indicates monosymptomatic enuresis
- Treat any constipation as per appropriate pathway prior to treating enuresis then reassess
- Review every 4-6 weeks and adjust treatment as appropriate

For monosymptomatic enuresis:

- Nocturnal polyuria – offer desmopressin
- Commenence standard bladder training. Add in anticholinergics if acceptable and desirable
- Consider combination therapy

For any other issues:

- Small bladder capacity/over active bladder/daytime wetting
- Consider compliance and safeguarding issues
- Parallel plans for all children
- Liaise with relevant healthcare professionals
- Provide written information

Explanations to child and family.
Give fluid/toileting/lifestyle advice
Offer alarm or desmopressin as first line treatment based on outcome of assessment and parental/child choice. Review in 2-4 weeks

- Continue with regular reviews
- If no progress liaise with paediatrician

References:
NICE Guideline Bedwetting in children and young people
https://www.nice.org.uk/guidance/cg111
NICE Quality Standard Bedwetting in children and young people https://www.nice.org.uk/guidance/qs70
Children’s Continence Care Pathway
Daytime wetting – level 1

**Red flags**
- History of repeated UTIs
- Child (particularly girls) reported to always be wet during the day (continuous incontinence)
- Any reported straining to void or weak stream

**Child previously dry identified with daytime wetting problem**

- **Nurse (level one) / health visitor**
  - Bladder storage problem e.g. over active bladder (OAB)
    - Give toileting and drinking advice
    - Keep under regular review (2-4 weekly)
    - Daytime wetting persists
  - Bladder emptying problem e.g. dysfunctional voiding history of UTI’s etc
    - Keep under regular review
    - Yes
    - Consultant Paediatrician
  - No
    - Red flag signs
      - Parallel plans for all children
        - Liaise with relevant healthcare professionals
        - Provide written information
        - Consider compliance and safeguarding issues

**Notes:**
Provide written information and signpost to appropriate resources e.g. www.bbuk.org.uk
Child presents with daytime wetting
Level 2 intervention

Assessment, including bladder diary and bowels (refer to constipation pathway if indications of constipation)

No

Red flag signs

Yes

Refer to Paediatrician

Red flag signs

Refer to Paediatrician

Overactive bladder (OAB)

Initiate bladder training

Do post void bladder scan

Complete bladder emptying?

Yes

Anticholinergics as per BNFc if acceptable and tolerated

Review 4 weekly with bladder diary and adjust medication according to progress

Day time wetting persists

No

Liaise with/refer to paediatrician

Consider possible diagnosis. Provide explanations and information to child and family

Urethrovaginal reflux

Dysfunctional voiding

Underactive bladder

Specific toileting advice

Do post void bladder scan – complete bladder emptying?

Yes

Bladder & pelvic floor awareness training; relaxed voiding; double voiding

No

Liaise with/refer to paediatrician

History of repeated UTIs
Child (particularly girls) reported to always be wet during the day (continuous incontinence)
Any reported straining to void or weak stream

*Neuerooulogy and Urodynamics* 36, 43-50
Parallel plans for all children

- Provide appropriate explanations and written information
- Provide appropriate dietary and fluid advice
- Liaise with multidisciplinary team as appropriate
- If products provided ensure family know how to use, how to reorder and how to arrange reassessment
- Consider compliance and safeguarding issues

For information on ‘Red Flags’ refer to NICE guidance at https://www.nice.org.uk/guidance.cg99/chapter/1-guidance