Toileting
Additional assessment questions

Parents' perception of normal toileting:

Strategies used by parents/teachers/health visitors, in management of child's toileting difficulties:

Medical history

Diet:

Fluids – amounts/types:

Bowel habits

Is there any diarrhoea/constipation?

Is there any pain on defecation?

Are the stools normal in consistency?

Is there any blood present?

Is there any soiling?

Is there any encopresis?

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Leaflet for parents

Toilet training: a child's perspective

Look, I can pull my pants up and down myself (avoid dungarees and belts).

The toilet is scary; it's a big hole and makes a noise.

I've only just started walking. I find it hard to squat.

If my poo's horrible, am I horrible?

Why don't they understand what I'm saying? Ooh too late!

I don't want to use a potty. I'm a big girl – I want to use the toilet like Mummy and Daddy.

The toilet/potty is too far away; I'll never get there in time.

It's dark in here – I can't reach the light.

Everyone is clapping – aren't I clever?

Don't take my nappy off; it's soft and warm and it catches everything that's mine.

My Mummy/Daddy looks upset, but at least they are with me now.

My poo will get lost down there – I'll hold on!

I'd rather carry on playing than bother with the toilet.

I like my potty. I helped to choose it.

It hurt last time I went; I'll hold on to it.

Why are they all watching me? I want some privacy behind the settee.

You said these are pants. They feel like nappies.

Toilet training: a parent's perspective

My mum had us all potty-trained at 18 months. What's wrong with my child? He must be naughty.

He's doing it to get at me.

I can't wash one more pair of pants.

She's asking for a nappy like the baby.

My friend's child can do it and she's 6 months younger.

If he can use the toilet once he can do it again. He must be doing it deliberately.

He just stood there and pooed his pants in the supermarket. It was so embarrassing.

I get so angry when she does. I know it doesn't help.

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Leaflet for parents
Toileting chart

Name _____ DoB _____

Date/time	**Food and drink** Times eaten or drank Type of food or drink Where food or drink is consumed	**Toileting** Times uses potty/toilet Wee/poo	**Comments** How your child is feeling? How you are feeling?

Leaflet for parents
A guide to toilet training

For most children, daytime toilet training is achievable between 2-3 years of age. For a child to achieve this they need to be physically mature, emotionally secure and able to understand what is happening. It is important for the carer to look for signs that the child is ready to toilet train.

The most important parts of toilet training are having a calm attitude and setting a routine. Once your child has settled into the routine of sitting on the potty, he will soon develop the skills to use it. As a parent you will need to be patient, to encourage your child and don't give up. You may find it helpful to explore your own anxieties.

All children develop at different rates and the carer needs to support their child through each stage.

At first, emptying of bowel and bladder is a reflex action. A baby cannot use the potty until he is old enough to control his bowels and bladder voluntarily, just like an adult. This usually happens around two years of age, sometimes later. This is often around the same time as you are getting your child ready to start pre-school or nursery. It is important not to rush them into training, even if this means delaying the start of pre-school. You may wish to talk about this with the pre-school leader or your health visitor.

Think of yourself as being there to help a natural development. You should see how your child is getting on and think about how you and your child may be feeling about the process and experience.

Your child will be able to control her bowels before she controls her bladder. The sequence is usually as follows, but may vary:

- First, bowel control at night
- Next, bowel control during the day
- Then, bladder control during the day
- Finally, bladder control at night.

Bowel movements are more predictable than urination, so try to note at what time of the day he regularly goes, and encourage him to use the potty at this time. This may be after a meal or a warm drink, first thing in the morning, or before bed.

Your child may feel uncomfortable opening his bowels on his potty to begin with, and may hold on until his nappy is put on.

Look for signs of needing a bowel movement, such as reddening of the face, hiding, standing still, crying, pointing.

Your child's toilet training may stir up your own worries about loss of control and being messy.

Aiming for dryness during the day:

Only begin once your child has shown signs of being ready for toilet training.

Ensure that the potty you buy is sturdy and won't tip up. Involve your child when buying it. A splashguard is a good idea for little boys.

Explain to your child what the potty is for and encourage him to sit on it but not play with it. Praise your child if he sits on it but if he looks frightened, move him away from the potty and comfort him.

Encourage awareness of other members of the family using the toilet, and buy your child's first toilet seat and step.

Talk to your child about 'wees' and 'poos' when changing his nappy.

When he wees without a nappy, talk about it; this will help build and reinforce the link between the feeling of needing to pass urine and then doing it.

First stage

Begin potty training at a calm time, but only once your child has show an interest in the potty and an awareness that she knows how and when to use it.

It may be a good idea to have extra members of your family around so you can spend time helping your child to the toilet. Avoid times of change, e.g. the arrival of a new baby, moving house, illness in your child or other members of the family.

Look for signs that your child is ready:

- nappy may stay dry for a reasonable length of time
- your child may indicate that he has done a wee or a poo in his nappy
- he may use words to describe what he has done
- he may show signs of needing to pass urine or open his bowels.

Place the potty in a warm, accessible room, preferably where you and your child spend most of the time, as to start with he will only have a few seconds between realising that he needs the potty, and using it.

Develop a routine that fits in with family life and stick to it. Sit your child on the potty at regular intervals; at first this may be every 60 minutes. If your child is dry after 60 minutes, gradually increase the time until it is two-three hours.

Use appropriate clothing that is easily removed, such as elasticated trousers and pants. It may be easier to leave him undressed from the waist down at first.

When your child sits on the potty, praise and encourage him, as this helps him to feel good about what he is doing.

Use nappies when going out or during a daytime sleep.

Do not restrict drinks as this will make your child thirsty and fretful. Although try to avoid fizzy drinks, squash and tea as this may cause them to wee more often.

Accidents will happen, so clean up the mess calmly. Never punish your child as this may make her afraid or worried.

You need to be aware that your child might have lots of fears and ideas about the toilet and their own body (see leaflet on Toilet training: a child's perspective).

Second stage

When your child sits on the potty regularly and happily, try to encourage him to ask for it, and introduce pants and trousers.

Try venturing out to shops without a nappy.

Ask your child regularly if he needs a wee, and continue praise and encouragement.

Do not expect your child to be dry at night for up to 12 months after he is dry in the day. When he begins to stop wetting his nappy at night, get some plastic sheets and let him sleep without a nappy on.

Dryness at night can be related to bladder size and the depth of your child's sleep. The pattern of night dryness can also be genetic.

When your child is confident about using his own potty and toilet, encourage the use of different potties and toilets to prevent problems when visiting friends or on holiday.

Constipation in babies and children

Constipation is usually defined as the infrequent passing of stools, which are very hard. It affects 1-3% of the child population and accounts for 3% of referrals to general paediatricians and 25% of referral to paediatric gastroenterology centres.

Babies vary a lot in how often they pass stools. Some have a bowel movement at or around each feed; some can go for a day or even several days without having a movement at all. Either is normal.

Most babies strain and go red in the face or even cry when passing a stool. This is normal and does not mean they are constipated so long as the stools are soft.

It is common for mothers to complain that their babies are constipated by which they usually mean infrequent stools. In most cases the stools are of normal consistency and these mothers have not appreciated that the stool frequency varies widely from one infant to another, especially in breastfed babies.

Causes of constipation in babies include poor fluid intake, incorrectly prepared feeds and over-heating causing excessive sweating. Constipation may occur in breastfed babies and bottle-fed babies.

Breastfed babies

Usually breastfed babies do not need additional fluids, especially in the first few months. If they are thirsty, they will demand milk.

During the early stages of breastfeeding it is particularly important to avoid giving extra fluids as this may interfere with the establishment of lactation.

If a breastfed baby becomes constipated, advise trying to increase the number of breastfeeds given each day.

Bottle-fed babies

In bottle-fed babies, constipation may occur because formula milk is incorrectly prepared, resulting in poor fluid intake. It is important that parents always follow the instructions and never add more powder or less water than is recommended, which can lead to feeds being over-concentrated. It is essential to measure the powder using the scoop

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provided with the food. The powder should never be pressed down into the scoop, it should be levelled off using a clean dry knife.

If extra fluids are to be given, cooled boiled water is the best choice. Adding brown or white sugar to water should be thoroughly discouraged; it has a strong osmotic influence and can lead to dehydration.

Helpful hints

Following a warm bath:

- gently massage the abdomen in a circular, clockwise motion
- leave the nappy off and gently hold the legs in a relaxed bent position
- apply a smear of Vaseline around the back passage.

Causes of constipation in children

Non-organic

Developmental:	inadequate toileting by parents
	cognitive delay/disorder
	ADHD (Attention Deficit and Hyperactivity Disorder)
	Autistic Spectrum Disorder (some ASD children have chronic constipation at an early age, before diagnosis)
Psychological:	coercive toilet training
	toilet phobia
	school toilet avoidance
	excessive parental intervention
	sexual abuse
	new sibling arrived
	depression
	family breakdown
	home move
Environmental:	potty, toilet not comfortable
	potty not easily accessible
	multiple carers – or parents who spend little time at home
	lack of predictable structure at home

Other factors: recurrent illnesses
lack of exercise
family history
poor diet
cow's milk protein intolerance.

Note: The following handouts should only be given to parents following an assessment of the child's difficulties and the parents' perception of these. Advice within the leaflets and the use of reward systems, such as star charts, should be tailored and modified to meet the needs of the individual.

The management of constipation in children

The management of constipation in children in the community falls easily into six categories, each playing a vital role in the treatment of constipation (Burnett and Wilkins, 2002; Rowan-Legg, 2011).

1. Medical/laxative therapy
2. Modification of dietary fibre and fluid intake
3. Behaviour modification
4. Exercise
5. Education and follow-up
6. Parental support.

NB. The management options are not necessarily in order of action. An assessment may find that a combined use of these strategies or containment of the parental anxieties, i.e. support, may be enough.

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Soiling

Bowel control is generally established by four years of age. Normal bowel function is a complicated process involving both voluntary and involuntary actions. The action can be influenced by emotional states and diet. Most children are successfully bowel trained between two and four years of age irrespective of the training methods used (Buchananan and Clayden, 1992).

For a child that soils it is a most devastating occurrence that is hard to acknowledge, and often the child denies that he is soiling. It makes the child feel that he has lost his dignity and is often treated as a social outcast, especially at school. The soiling may also make it difficult to make friends and even more difficult to spend nights away from home with their friends, because of the constant fear that they may make a horrible smell, or make a mess in their clothes. It is not surprising that these children and their parents develop strategies for coping, often by withdrawing from social activities. Most childhood soiling is a result of chronic constipation.

Soiling
• Inappropriate passage of stool associated with chronic constipation
• Passage of stool is involuntary and usually unsuspected by child in contrast to encopresis
• Faecal material may be soft or may be brown liquid leaking past hard faecal 'scybala'
• Often referred to as constipation with overflow.
Neurogenic soiling
• Soiling which occurs due to a neurological abnormality
• Occurs in spina bifida, myelomeningocele, paraplegia etc.

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Encopresis

Encopresis affects 1% to 3% of children, with higher rates in boys than in girls. However, encopresis may go undetected unless health professionals directly inquire about toileting habits.

Non-retentive encopresis refers to the inappropriate passage of normal stools. children who evacuate their faeces into clothing, behind furniture, under their beds etc, cause intense parental frustration. Parents sometimes feel deeply ashamed and embarrassed, and feel that somehow they are to blame. They may also feel that the child is doing it deliberately to wind them up. Parents may accurately recognise that the child is expressing feelings which may be negative e.g. hostility or jealousy, but it may well be that the child himself is not aware of this. The health visitor is in an ideal position to help parents think about their child's experience; encopresis can often be the first sign that the child needs some emotional support. Any disturbance in a child's regulation of bodily functions can be an indication of a temporary emotional 'disturbance'. The child may be having to deal with some new feelings which feel disturbing e.g. jealousy at the impending arrival of a new sibling. The Solihull Approach provides a particularly useful model of thinking in such circumstances, as the emphasis is on exploring relationships.

An organic cause for non-retentive encopresis is rarely identified. The medical assessment is usually normal, and signs of constipation are noticeably absent.

Encopresis
• Inappropriate passage of normal stool
• Faeces passed into the pants, onto the floor or behind the furniture
• It is implied that there is normal sensation and control.

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Leaflet for parents
Constipation

Recommended high-fibre foods – for children one year or more

Brown, granary or wholemeal bread

Cereals such as Weetabix, Ready Brek, Porridge, Shreddies, Raisin Wheats, Puffed Wheat

Wholemeal pasta, brown rice

Baked beans and sweet corn

All fruit – leave skins on where possible

All vegetables

Jacket potatoes and chips with the skin left on

Biscuits – digestive, fig roll, Hob Nobs

Fluid intake should be increased according to the age of the child and should ideally be water-based drinks

See NHS Choices website for more ideas

Signs and symptoms of constipation

- Poor appetite
- Lack of energy
- Unhappy/angry/irritable
- Irregular bowel actions
- Bowels open less than 3 times per week
- Abdominal distension
- Occasional passage of very large stools
- Foul smelling wind and stools
- Irregular stool texture
- Anal fissure
- Withholding or straining to stop the passage of stools
- Pain on defecation
- Passage of blood on defecation
- Enuresis and urinary tract infection
- Abdominal pain.

Leaflet for parents
Toileting

Soiling

1. Use a record or diary sheet of:
   - any medication taken
   - going to the toilet and the results
   - food and fluid intake
2. Try for regular toileting, at least once a day at the same time.
3. Ideally your child should go the toilet 20 minutes after a meal, as this is the time they are most likely to be successful.
4. He should sit there for at least 10 minutes to try and have his bowels opened. Ask him to try pushing, every so often, imagining he is blowing up a balloon.
5. It helps if there is warmth and comfort. Allow your child privacy if this is his wish or stay with him if he prefers.
6. Provide a step for your child to push against, if he cannot reach the floor.
7. Even if a small stool is passed she should be encouraged to keep trying.
8. A child's toilet seat should be provided if the usual seat is too big.
9. It helps if there are comics, books, favourite toys or music available in the toilet.
10. Try a warm drink after breakfast every morning – it helps to trigger bowel action.
11. Make sure your child is eating sufficient fibre, at least one fibre-rich food should be eaten at every meal, including fruit and vegetables. (See Recommended high fibre foods-caution if under one year)
12. Ensure that your child has an adequate fluid intake. Seek advice from your health visitor to ascertain how much your child should be drinking each day.

13. If your child has been prescribed any medication for his bowels, make sure that it is taken according to the instructions given by your doctor or health visitor.

14. Use a reward system, age-appropriate, that has been discussed with the health visitor and negotiated by you and your child, e.g. pocket money, treats and star charts.

15. Encourage the rest of the family to praise the child appropriately and offer support and help with filling in the record sheet.

16. Regularly review progress with your health visitor.

Adapted from Herbert (1993)

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Leaflet for parents
Advice sheet daytime wetting

When thinking about your child's day-time wetting it is important to think through whether your child has ever been properly toilet-trained. Many children appear to do well for a few weeks and then go backwards. This is likely to mean that the child is not quite ready and it may be helpful to back off until she indicates she is ready to try again. However, if your child has been toilet-trained for some time then it may mean that she is expressing a feeling which is too difficult for her to understand. Children are inclined to wet themselves when feeling anxious or angry but they won't usually be able to tell you what is the matter. Talking gently to the child about their day may give you a clue as to what is upsetting them. For example, they may cry or get annoyed and try to stop you talking about something which they are bothered by.

- Encourage regular toileting (bowels and bladder).
- Check daily intake of fluids (six to eight glasses each day).
- Provide a healthy diet.
- Promote good hygiene at toilet visits – wiping bottom, shaking penis, and washing hands.
- Have a comfortable seat position on the toilet, using a footrest if needed.
- Have changes of clothes available.
- Do not scold or punish – the child may have little control and this may make them feel frightened and upset.
- Use a calm and positive tone and gain eye contact with your child.
- It may take time to achieve complete dryness. Don't expect too much too fast.
- Use a reward system for achievable goals (small steps).
- Be consistent and keep focused.
- Discuss with other carers, pre-school, childminders etc., and work together.
- Seek medical advice if the child experiences pain or discomfort when passing urine or stools.

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What to do about bedwetting

Advice for parents

What is bedwetting?
It is a lack of nighttime bladder control.

What causes it?
There can be a number of causes. It can run in families.

Can my child help wetting the bed?
No! Children who wet the bed do not do it on purpose and are not naughty or lazy. It may be that something is worrying them or they could have a urine infection.

Is it common?
Yes. One in every six children starting school wet the bed. There are more boys than girls who wet the bed.

Is it my fault?
No! Some children take longer to gain full control of their bladder at night. All children are individuals and develop at their own pace.

Can it be cured?
Yes, Most children can be helped by giving them support and encouragement.

Helpful hints
- Your child should drink at regular intervals during the day.
- Milk or water is recommended.

At all times avoid
- Tea
- Coffee
- Chocolate flavoured drinks
- Fizzy pop

- **Encourage** your child to use the toilet before bed and again before going to sleep
- **Praise** your child for any dry nights and ignore wet nights
- Use a reward system for small steps.

See ERIC website for more ideas.

Check with eric, the children's bowel and bladder charity www.eric.org.uk, for helpful books and online explanations.

Further reading for practitioners, parents and children

Helpful books for children, parents and practitioners are available from eric, the children's bowel and bladder charity www.eric.org.uk e.g. 'Softy the Poop: Helping families talk about poo' 'Seven Steps To Nighttime Dryness: A Practical Guide For Parents Of Children With Bedwetting' 'Effective Management of Bladder and Bowel Problems in Children'. There are also online explanations for children.

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