

Children's bladder and bowel initial assessment tool



For children 0-19 years old (including those with additional needs)

Child's name:	Date of birth:
	NHS No:
Initial assessment completed by:	Presenting problem:
Contact details:	Date:

Prior to undertaking the assessment, the child and family should complete a bladder diary for 48 hours and bowel and night wetting diary for one week using standard documentation. Include:

- Fluid intake (what, when and how much the child has drunk)
- Frequency & consistency of bowel movements (use Bristol Stool Form chart) Expected frequency of no more than x3 per day / no less than x3 per week
- Any soiling including time, amount, location
- Number of voids including any wetting (normal range 4 – 7 voids per day)
- Volume of voids (Expected bladder capacity in millilitres = (age+1) x 30)
- Any bedwetting with estimated size of wet patch and time if known

Fluid intake

Refer to chart in resource pack for age-appropriate intake

	YES	NO	ACTION
Good fluid intake: drinks 6-8 water-based drinks per day (total appropriate for age)			If no advice to adjust intake accordingly
Poor fluid intake (less than 80% of expected for age) and/or includes fizzy and caffeinated drinks			If yes advise to adjust fluid as necessary
Drinks spread evenly throughout the day?			If no advice re regular drinks including three drinks in school and last drink an hour before bed

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Bowel function

Red Flags	YES	NO	ACTION
Any delay in passage of meconium (>48 hrs)			If yes refer child under one year directly to paediatrician; discuss older child with bladder and bowel service
Symptoms apparent within first few weeks of life			If yes refer child under one year directly to paediatrician; discuss older child with bladder and bowel service
Passing ribbon (very narrow) stools from birth			If yes refer directly to paediatrician
Concern re abdominal distension with vomiting			If yes refer directly to paediatrician
Recent leg weakness noticed			If yes refer to paediatrician
History	YES	NO	
Less than 3 bowel movements / week (in non breast fed baby and weaned child)			If yes, consider constipation – refer to pathway
Has frequent daily soiling?			If yes, consider faecal impaction – refer to constipation pathway
Stool consistency (use Bristol Stool Form Chart) reported to be 1-3 or 6-7			If yes, consider potential for constipation – refer to pathway
Often or occasionally opens bowels during sleep?			If yes, consider if toilet refusal in the day (behavioural issue) or if underlying constipation
Struggles to open bowels, withholds, has pain with bowel motions, has frequent abdominal pain?			If yes suggestive of constipation – refer to pathway
Other? (describe)			If concerned discuss with continence nurse, or refer on to GP or paediatrician, as appropriate

Daytime bladder problems

Red Flags	YES	NO	
History of repeated UTIs			If yes refer to GP for further investigation
Child (particularly girls) reported to be always wet during day (continuous incontinence)			If yes discuss with continence service or <u>refer</u> to GP for further investigation
Any reported straining to void or weak stream			If yes refer to GP for further investigation
History	YES	NO	
voids <u>either</u> > 7 or < 4 times per day			If yes check fluid intake to ensure within recommended amount and refer to daytime wetting pathway
Is toilet trained and has wetting accidents during the day			If yes refer to daytime wetting pathway

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Some reported frequency (voids > x7/day) or urgency (must dash to the toilet)			Advise re regular toileting (e.g., 2 hourly) plus regular drinks
Child has failed to achieve daytime dryness at all by age 3 years			If yes refer to toilet training pathway
Other? (describe)			If concerned discuss with bladder and bowel service

Toileting issues

From age 2 years including those with additional needs

	YES	NO	
Behavioural problems that may impact on toileting or toilet training			Consider behavioural support techniques
Anxieties or toilet refusal			Consider behavioural support techniques
Has a mobility or sensory problem that interferes with ability to sit on toilet safely?			Consider referral to OT
Gives no indication of needing to use toilet.			If yes refer to toilet training pathway
Never or rarely passes urine or opens bowels on the toilet/potty?			If yes refer to toilet training pathway
Insists on nappy for opening bowels or other toilet refusal.			If yes, consider behaviour modification programme
Other? (Describe)			If concerned refer to toilet training pathway and discuss with continence nurse

Night-time wetting

Children over the age of 4 years

Red Flags	YES	NO	
Reported weight loss or excessive thirst			Refer to GP for investigation (e.g., urinalysis and blood sugar)
Some concern re parental intolerance / safeguarding issues			If yes, follow local safeguarding policy
History	YES	NO	
Is wet more than two nights a week?			If yes clinically significant refer to bedwetting pathway
Wakes after wetting			Possible overactive bladder – confirm no daytime symptoms
Other? (Describe)			Refer to bedwetting pathway and discuss with continence nurse if concerned

N.B. ensure additional information is documented in child's notes and included on any referrals.

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Outcome

Advice offered: (provide details)
Information sheets provided to family (provide details)
Commenced on pathway: (details of pathway)

Initial assessment completed by (name and job title): Contact details (base and phone number): Caseload holder (name and contact details if different from above)	Presenting problem:
	Signature of person completing initial assessment
	Date (day month year)

Date for reassessment / review:
Reassessment review undertaken by (name and contact details)
Outcome of reassessment/review (provide details)

Child's name:

Date of birth:

NHS no:

Signature of person completing assessment	Date
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Referred to bladder and bowel service / paediatrician / GP / other (specify)	Referral done by (name, job role, contact details if different from above) Date
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