

Continence Toolkit

Everyday goals for healthy kids

NAME

NHI

WEEK

DATE / /



Children/Tamariki
living their best lives
Public Health Nursing Service



MATATIRI
CHILD & YOUTH HEALTH
CANTERBURY DHB

	✓ Action:	Daily action completed at home/school						
		MON	TUE	WED	THU	FRI	SAT	SUN
Bowel	Use the toilet 20-30 minutes after every meal to encourage child to poo							
	Use the bowel (poo) diary to record types of poo passed (Bristol Stool Chart) for two weeks - type 4 & 5 is best							
Bladder	Timed toilet stops: 1 hourly 1½ hourly 2 hourly 2½-3 hourly (unrestricted access to the toilet)							
	Remove Pull-Ups							
Education	Good Bowel and Bladder Habits resource							
	Watch 'Constipation in Children' video by Intermountain Primary Children's Hospital on youtube							
	Aim to eat 5+ a day of fruit and vegetables							
	Children need at least 60 minutes (1 hour) of vigorous physical activity every day							
Drinking	Drink five evenly spaced drinks of mls of water throughout the day							
	Mark the drink bottle with the amount your child is to drink each time, eg: 150/200/250mls							
	Reduce number of sugary drinks such as cordial, fizzy and powdered chocolate drinks							
Hygiene	Change clothes as soon as a wetting or soiling accident happens							
	Provide your child with 1-2 changes of clothes and a wet proof bag to store wet/soiled clothes in at school							
	Child/Young Person to put soiled or wet clothes in the laundry for washing							
	Child/Young Person to put wet bedding in the laundry for washing							
	Daily bath or shower							
Medication	Take medications as prescribed							
	Make sure you have enough medication to be able to give as prescribed. (It can take 6-18 months sometimes longer for the bowel to start working again properly by itself.)							
Doctor/Nurse Follow up	Provide Continence Toolkit and resources to family/whānau and ECEC or school	Parent/Caregiver remember to bring completed bowel (poo) diary to follow up appointments						
	Arrange appointment with General Practice (Nurse/Doctor) to review bowel diary and medication 2-4 weekly	Follow Referral Pathways via HealthPathways (Nurse/Doctor)						

Drinking

A child needs to drink five or six evenly spaced cups/glasses of water each day (or replace the water with 1-2 cups/glasses of milk a day). Each day children require around: 1-3yrs: 900mls, 4-8 years: 1200mls, 9-13 years: 1500mls of fluid.

Ideal drinking times would be: breakfast, morning tea, lunch, afternoon tea, dinner time.

It is important children drink the full amount all at once, not just have sips as this helps the bladder to learn to hold more wee.

When using a drink bottle, mark the amount your child is to drink each time eg 150/200/250mls.

Gradually increase what your child drinks as many children won't be able to drink the full amount immediately.

Only have sugary drinks such as cordial, fizzy and powdered chocolate as a treat, NOT to have every day. These drinks irritate the bladder which stops children being able to hold on.

Bowel

Sit on the toilet and try to do a poo 20-30 minutes after breakfast, lunch (on the weekends at home) and dinner.

Sit for 5-10 minutes each time.

Allow plenty of time in the morning to sit on the toilet before school.

A bowel (poo) diary needs to be filled in every day.

The diary will assist your doctor to prescribe the correct amount of laxative medication to ensure a daily bowel motion.

Ask your child to call out to you when they have done a poo (before wiping) then look at the pictures on the Bristol stool chart and fill in the diary.

Timed Toileting (daytime wetting only)

A timed toileting routine is used to manage daytime wetting. The child is to go to the toilet every 1-2 hours during the day. When the child is consistently dry for 2 hours, slowly increase the time between the child going to the toilet until the child is dry for 2½-3 hours.

Nutrition

Aim to eat 5+ a day of fruit and vegetables.

Use the child's hand to guide portion size:

- Palm: protein (meat, fish, eggs) or ¼ of the plate.
- Palm: carbohydrate (potato, rice, pasta, bread) or ¼ of the plate
- Fist: ½ plate of colourful vegetables.

Stop snacking after dinner.

Sit together and eat as a family.

Eat takeaways less than once a week.

Physical activity

Children need at least 60 minutes (1 hour) of vigorous physical activity every day.

Limit screen time to less than 2 hours a day.

Keep the bedroom as a screen free zone.

Resources

Healthy eating for children aged 2-12 years booklet

Be Active Every Day pamphlet

Bowel record chart

Bristol stool chart

3 Day Fluid Diary

Good Bladder and bowel habits

Toilet training

Tip sheet on – constipation

Toilet position diagram

Medication

Bowel laxatives

It is really important children take the medicine prescribed by their doctor.

It can take 6-18 months (sometimes longer) for the bowel to start working again properly by itself. A child's medication will gradually be reduced until it can be stopped. Do not stop suddenly unless advised by your Doctor or Nurse.

The MOST COMMON REASON for children to remain constipated and wet or soil is the child has stopped having the medicine before the bowel is ready to work again properly.

Long term laxative medicine Molaxole or Lactulose will not harm a child and it is essential to continue with the medication until stopped by your doctor.

Bladder

Occasionally medication in consultation with your GP is prescribed to help with day or night wetting. Take as prescribed:

- Oxybutynin: helps the bladder to relax and can be prescribed to help with daytime wetting.
- Desmopressin: reduces the amount of wee being produced during the night and can be used for a short time (for example, while on school camp).

www.continence.org.nz

• Enuresis - Daytime wetting (pamphlet)

• Bedwetting – Nocturnal Enuresis (pamphlet)

• Information for Teachers: Children who wet and soil (pamphlet)

• Faecal Incontinence [Soiling] (pamphlet)

• Toilet training (pamphlet)

www.continence.org.au

www.eric.org.uk

• Teenagers and Bedwetting