

**Continence Assessment Form - Child that has been toilet trained**

**Patient Details**

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| Name of person completing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date form completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Child’s name:  Male/female | | Parents’ names: |
| Date of birth: | Age: | Siblings: |
| NHS Number/Hospital ID: | |
| Address: | | Home phone: |
| Parent’s email: |
| Mobile 1: | | Mobile 2: |
| GP name and address: | | School Health Nurse/Health Visitor: |
| GP phone number: | | Other relevant health care professionals: |
| GP fax number: | |
| Nursery/school name and address: | |  |
| Nursery/school phone number: | |  |
| Past medical history: | | |
| Medication taken:  Drug\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Timing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Drug\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Timing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Drug\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Timing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Drug\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Timing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

*Please circle the following answers as appropriate*

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| **Bowels** |
| **Frequency of bowel actions:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ times a day/week |
| **Stool Type**  1 2 3 4 5 6 7 |
| **Any soiling**?  Yes / No  If yes:  **Amount?**  Stain in pants or on pad / modest amount / full bowel action  **Frequency?** Several times a day / daily / less frequently |
| **What protection does the child wear?**  Pants / pad in pants / nappy / pull-up |
| **Does the child use the potty / toilet / neither?**    **Is there a regular toileting programme in place?**  Yes / No |
| **Does the child pass LARGE stools / large quantity of stool all at once?**  Yes / No |
| **Any abdominal pain and/or pain on defaecation?**  Yes / No |
| **Any abdominal distension?**  Yes / No |
| **Any anorexia / nausea / vomiting / faltering growth?**  Yes / No |
| **Any other associated behaviour – straining / stool withholding / toilet avoidance / passing stools at night?**  Yes / No |
| **Has child been seen by GP/Paediatrician for physical examination to rule out underlying organic cause – ‘red flags’?**  Yes / No / Referred |

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| **Daytime Bladders** |
| **Frequency of voids:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ times a day |
| **Urinary urgency**  Yes / No |
| **Volume of voids:**  Maximum voided volume \_\_\_\_\_\_\_\_\_\_\_\_mls (Exclude first void of the day)  Expected bladder volume \_\_\_\_\_\_\_\_\_\_\_\_mls |
| **Voiding behaviour:**  **Any hesitancy?**  Yes / No  **Any straining to initiate void?**  Yes / No  **Is stream weak/interrupted?**  Yes / No |
| **History of Urinary Tract Infection (UTI)?**  Yes / No  **Number of UTIs in the last** **year** \_\_\_\_\_\_\_\_\_  **Current UTI suspected?**  Yes / No  **Urinalysis performed?**  Yes / No  Result \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Specimen sent?**  Yes / No  Result \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Any daytime wetting?**  Yes / No  If yes:  **Amount?**  Damp pants / wet through to outer clothes / puddle  **Frequency?** Several times a day / daily / less frequently  **When do the problems primarily occur?**  Prior to voiding / after voiding / associated with laughing / randomly |
| **What protection does the child wear?**  Pants / pad in pads / nappy / pull-up |
| **What are the child’s usual drinks?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **How many drinks does the child have every day?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Are drinks evenly spread throughout the day?**  Yes / No  **Average daily fluid intake?** \_\_\_\_\_\_\_\_mls |
| **Has child been seen by GP/Paediatrician for physical examination to rule out underlying organic cause?**  Yes / No / Referred |

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| **Night Time Bladders** |
| **Is the child occasionally or regularly wet at night?**  Yes / No  If yes – continue assessment below.  If no – does the child get up to void during the night:  Never / infrequent (less than 4 times a week) / frequent (4 or more times a week) / once a night / more than once a night. |
| **Is the wetting:**  **Primary** – the child has never been dry at night for a 6 month period  **Secondar**y – the child has been dry at night for at least 6 months prior to this episode |
| **Does the child wake after wetting?**  Yes / No |
| **Does the child wet once a night / more than once a night?** |
| **Volume of wetting:**  Just night wear / wet patch the size of a dinner plate / wet patch covering most of the middle of the bed / most of the bed wet, including pillow and duvet |
| **Time of wetting:**  Soon after going to bed / later in the night |
| **Size of morning void:**  Unable to void / small / medium / large |
| **Colour of morning void:**  Dilute / concentrated |
| **Time of last drink**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **What time does the child go to bed?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Does the child void before going to bed?** Yes / No  **Does the child void before going to sleep?**  Yes / No  **What time does the child go to sleep?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Does the child share a bedroom?**  Yes / No  Single bed / Cabin / Bunk – top/bottom |
| **Will the child go to the toilet if they wake?**  Yes / No  Any concerns? |