Southern District Health Board

Patient Sticker to go here

PAEDIATRIC CONTINENCE ASSESSMENT FORM

DATE: .....

SOCIAL HISTORY

Mother: ..... Father: .....

Lives with both parents: Y [ ] N [ ] Mother only: Father only:

Family structure:

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PRESENTING PROBLEM:

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MEDICAL HISTORY

Diagnosis:.....

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Allergies:.....

	Age	Details
Operations		
Serious Illness		
Hospitalisations		

MEDICATIONS: .....

FAMILY BLADDER AND BOWEL HISTORY:

Who	Details

Investigations/Consultations:

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UTI HISTORY

MSU? Y / N

UTI (Details): .....

Presenting Symptoms: Dysuria [ ] Haematuria [ ] Perinial Pain [ ] Suprapubic Pain [ ]

FLUID INTAKE

Type	
Amount	

Do you take a drink bottle to school? Yes [ ] No [ ]

Last drink: ..... When: ..... What: ..... Bed time: .....

Thirsty? - After School or During the night: ..... Other time: .....

(Adequate fluid intake: 1-2 years – 30mls/kg, 2-13 years = 15-20mls per kg)

BLADDER FUNCTION

Independent toileting? ☐ Yes ☐ No ☐ Partial

Frequency? Day:

Night:

BLADDER HISTORY

Age Dry During The Day?..... Age Dry During The Night? .....

Day Time Bladder Function	
Do you ever have wet pants during the day?	Number of wet episodes: Day: Week:
When you wet do you have:	
☐ Damp undies	
☐ Wet undies	
☐ Wee runs down your legs	
Do you wet before you get to the toilet?	
Do you hold on for too long?	
Do you wet your pants when you:	
☐ Run	
☐ Cough	
☐ Sneeze	

☐ Jump	
☐ Laugh	
Do you ever wet your pants after you have been to the toilet?	
Are your pants ever wet and you don't know why?	
Do you use the school toilet?	

COMMENTS:

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NIGHT TIME BLADDER INCONTINENCE	
Do you wet the bed?	
Longest dry period?	
Do you ever wake up in the night?	
Would you get up and go to the toilet yourself <u>or</u> call for Mum and/or Dad to help?	
Who take s responsibility for the wet bed?	
Do you have a hearing problem?	
Do you sleep in a top bunk bed?	
Do you have an electric blanket?	

Why do you want to be dry?

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BOWEL FUNCTION	
How often do you have a poo?	
☐ Most days	
☐ More than once a day	
☐ Less than this	
Type (BSS):	
Amount passed:	
☐ Little bits	
☐ Normal amounts	
☐ Huge amounts	
Do you need to push hard to do poo?	Yes [ ] No [ ]
Does it hurt to do poos?	Yes [ ] No [ ]

Do you ever have to get to the toilet urgently to do poos?	Yes [ ] No [ ]
Can you wipe your bottom properly?	Yes [ ] No [ ]
Does it hurt to wipe your bottom?	Yes [ ] No [ ]
Is there ever any blood?	Yes [ ] No [ ]

COMMENTS:

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FAECAL INCONTINENCE	
Do you ever have poos in your pants?	
Do you use the school toilet?	
Who helps you clean up at home/school?	
Does this happen:	
☐ Before you can get to the toilet?	
☐ After you have been to the toilet?	
☐ When you are doing something interesting?	
☐ Don't know?	
☐ Do you know when you need to do poos?	

COMMENTS:

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TOILETING POSITION:

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NUTRITIONAL STATUS

(Fibre intake, fruit, vegetables, special dietary requirements, food allergies, eating problems)

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PREVIOUS INTERVENTION

TYPE	YES	NO	WHO WAS SEEN	DETAILS AND RESPONSE
Lifting or raising to use toilet at night				
Star charts				
Rewards				
Timed 'sits' on the toilet (for bowel)				
Fluid Restriction				
Alarm Clock Programme				
Bed Alarm				
Bed Mat Alarm				
Medication: Type:				

PARENTAL CONCERNS:

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Is GP aware of problem? Yes [ ] No [ ]

HOLLISTIC SUMMARY:

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Intervention/Strategies Implemented	
Regular timed toileting	
Double voiding	
Deferment	
Diet recommendations	
Bowel dynamics – - Bowel diary - Toilet techniques	
Positive reinforcement	

Outcome/Referral	
GP referral	
Paediatric referral	
Psychologist referral	
Other	

Evaluation of Strategies Implemented	
Effective? Yes [ ] No [ ]	

Regular supply of continence aids? Yes [ ] No [ ]

Product used presently: .....

PROGRESS NOTES:

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Southern District Health Board

BOWEL ASSESSMENT FORM (Southland): Specialist Continence Nurse Service

SURNAME				NHI	
FORENAME		SEX	DATE OF BIRTH		AGE
LOCATION		CONSULTANT			
ADDRESS		PHONE NO	HOME CELLPHONE		

Form filed at:	Southland		Lakes			

CAUTION WHEN PHOTOCOPYING

Please ensure that all pages of this chart have a patient identification sticker applied in the event that it is photocopied for a patient transfer using A4 paper.

DATE: .....

PRESENTING PROBLEM:

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WHEN DID THIS START:

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PREDISPOSING FACTORS:

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MANAGEMENT STRATEGIES UTILISED TO DATE:

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SUCCESSFUL? **YES [ ]** **NO [ ]**

IS THERE

			Additional Comment/Details
Any change in stool colour?	Y	N	
Bleeding?	Y	N	
Pain associated with stool passage?	Y	N	
Do you ever need to rush to the toilet?	Y	N	
Have you ever been incontinent?	Y	N	
Is the incontinence solid, liquid or gas?	Y	N	
Is the incontinence constant or intermittent?	Y	N	
Are you aware of the leakage:	Y	N	
☐ While it is occurring	Y	N	
☐ Not until after the event	Y	N	
How often does this occur?			
☐ daily	Y	N	
☐ most days	Y	N	
☐ infrequently	Y	N	
Type of leakage:			
☐ explosive	Y	N	
☐ ooze	Y	N	
☐ 'skid marks'	Y	N	

Southern District Health Board

BOWEL ASSESSMENT FORM (Southland): Specialist Continence Nurse Service

M.R. 1217 V1

Craigs 159836

NORMAL BOWEL PATTERN

Frequency: [ ] Daily
[ ] Most days
[ ] Infrequently

Stool type (BSS):

VOLUME: [ ] Large
[ ] Medium
[ ] Small

Do you have any difficulty wiping? Yes [ ] No [ ]

Laxatives used? Yes [ ] No [ ] Type:

Frequency: Regularly [ ] Occasionally [ ]

Product used: ..... Type: ..... Amount: .....

Any urinary incontinence? Yes [ ] No [ ]

COMMENTS:

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Fluid Intake: .....

Type: .....

Amount: .....

DIETARY RESTRICTIONS / ALTERATIONS:

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MEDICAL HISTORY:

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SURGICAL HISTORY:

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OBSTETRICS HISTORY:

Gravida: ..... Para: .....

COMPLICATIONS:

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MEDICATIONS:

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ALLERGIES:

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ASSESSMENT:

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INTERVENTION:

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REVIEW DATE:

Craigs 156838

Southern District Health Board