

MINIMUM STANDARDS FOR PAEDIATRIC CONTINENCE CARE IN THE U.K.

A document produced by the Paediatric Continence Forum on behalf of the United Kingdom Continence Society. (July 2016)

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EXECUTIVE SUMMARY

These standards are intended to complement the Minimum Standards for Continence Care in the United Kingdom produced by the Continence Care Steering Group in 2014 for the U.K. Continence Society (UKCS). It consists of two further modules relating to paediatric continence care:

Level 1: Nursery Nurses, Health Visitors, School Nurses, (commissioned by Local Authorities and Public Health England), whose role is the early identification of bladder, bowel, and toilet training problems, including in children with special needs.

Level 2: Community paediatric continence nurse specialists and some school nurses and health visitors (commissioned by CCGs and Health Boards for the NHS), who provide “one community - based service for children and young people with all wetting (daytime and bedwetting), constipation and soiling problems”.

We have recognised that there is considerable variability in current provision. These modules describe the minimum standards of care that should be provided in the community for children with bowel, bladder and toilet training problems at both these two Levels.

Level 1 Professionals should:

- Have a knowledge of developmental milestones in relation to attainment of continence
- Be able to gain a basic history about continence status from the child, where appropriate, as well as from their parents/carers and assess:
 - the impact of symptoms on the child and their family
 - their desire for advice.
- Be able to identify concerns, including safeguarding, and know when and how to refer appropriately to other professionals for assessment
- Be able to provide support and lifestyle advice.
- Promote toilet training, including in children with additional needs.
- Be aware of ‘red flags’ and refer as appropriate.

Level 2 Professionals should:

- Be able to take a full history to identify bladder and bowel dysfunction.
- Be able to administer and interpret toileting charts, frequency volume charts and bowel diaries.
- Understand the significance of co-morbidities and safeguarding issues.
- Recognise ‘red flags’.

- Be able to recognise the need to investigate for possible urinary tract infection including the use of urinalysis
- Be able to perform bladder ultrasound scan investigations
- Advise on lifestyle interventions.
- Advise on the use of enuresis alarms, desmopressin, anticholinergics and laxatives.
- Be able to advise about continence containment products.
- Be able to suggest modifications to treatment and offer advice on how to avoid relapse.
- Provide advice, information, support and training to Level 1 and other professionals including educational and care staff about support of children with bladder and bowel problems.
- Be able to liaise with GPs, community staff and professionals in secondary and tertiary care
- Make appropriate onward referrals when treatment outcomes are not achieved or there are 'red flags'.

INTRODUCTION

These standards aim to inform the development and commissioning of services for children with impaired continence in England and Wales. Continence in children constitutes an increasingly common problem. A study of a large cohort of children in the UK (The Avon Longitudinal Study of Parents and Children – ALSPAC) showed that 8% of children aged 9.5 years have infrequent bedwetting, and the prevalence of enuresis (bedwetting at least twice every week) is 1.5% (Butler et. al. 2008). In the same cohort the prevalence of daytime wetting at 9.5 years of age was 2.7% and 2.8% reported soiling (Heron et. al. 2008). Other reports indicate a 10% prevalence for childhood constipation (van den Berg 2006). This carries a large burden in terms of morbidity, in comparison to other chronic illnesses and is commonly a longstanding problem (Belsey et.al. 2010,). Therefore resource implications and financial costs are significant. The impact of reduced quality of life, self-esteem, self-confidence (Joinson et al 2006) and educational attainment resonates throughout adult life, leading to broader societal effects. Appropriate intervention at an early stage will reduce these burdens.

A working group convened by the United Kingdom Continence Society (UKCS) wrote The Minimum Standards for Continence in 2014, to address the issues of poor education and training for all health care professionals caring for patients with continence needs. At the request, and with the help, of the UKCS, the Paediatric Continence Forum (PCF) has produced two further modules relating to paediatric continence care. These standards should be used in conjunction with the Minimum Standards for Continence Care, the Paediatric Continence Commissioning Guide, Excellence in Continence Care and the All Party Parliamentary Group (APPG) Cost Effective Commissioning Care (see LINKS below).

The modules relating to specific problems, such as catheter and stoma care and management of the neurogenic bladder, have not been replicated. Children with stomas and/or catheters are managed in partnership with secondary and tertiary care. The existing modules, with minor adaptations, are applicable to children.

Bladder and bowel problems in children frequently co-exist and must be managed in an integrated way. NHS England’s recent “Excellence in Continence Care” (EICC 2015 – see LINKS) recommends “one community-based service for children and young people with all wetting (daytime and bedwetting), constipation and soiling problems”.

These paediatric modules focus on the provision of continence services for children in the community. The reasons for this are:

1. Only 1 in 3 families seek help because of social stigma and a lack of knowledge of local services (Butler et al 2005).

2. Provision of Paediatric continence services in the community is inconsistent. In 2015 a Freedom of Information request by the PCF (100% response from Clinical Commissioning Groups and Health boards throughout the UK), demonstrated that only 27% commissioned integrated services for bladder and bowel problems in children.
3. The NHS *Improving Quality* (www.productivity.nhs.uk/) focusses on “shifting services away from the traditional setting of the hospital and out towards community based care...”
4. There is evidence of increasing referrals of children with enuresis and constipation to secondary and tertiary care (Pal et al 2016, Scarlett et al 2015, Thompson et al 2010). Early intervention in the community as part of a confluent pathway, running from primary to tertiary care, where services in the community are provided by dedicated paediatric continence nurse specialists offers accessible, high quality care that is considerably cheaper and at least as effective.
5. Failure to toilet train results in reduced quality of life for families and children (Kroeger and Sorensen 2010; Harris 1999, Richardson 2016) and increased costs to the NHS in terms of containment products. It also risks congenital abnormalities or chronic bladder and bowel conditions going undiagnosed (Rogers 2002).

There are, however, challenges facing development of paediatric continence services in the community:

1. In 2015, commissioning of school nurses and health visitors was transferred from NHS to Local Authorities who also have responsibility for public health; both local authorities and public health are suffering significant budgetary pressures. This has resulted in the removal of continence from the duties of many health visitors and school nurses.
2. Public Health England recognises that poor identification and referral of continence problems inhibits children from reaching their potential. But it goes on to state: “...clinical support for enuresis or incontinence lies with NHS England”.

Removing the management of continence from many school nursing services effectively re-defines Level 1 and Level 2 continence care as follows:

Level 1: Community Nursery Nurses, Health Visitors, School Nurses, (commissioned by Local Authorities and Public Health England), whose roles are early identification of bladder and bowel problems, including toilet training problems, as well as responding to concerns raised by teaching staff, including those relating to children with special needs.

Level 2: Community paediatric continence nurse specialists and some school nurses and health visitors (commissioned by CCGs and Health Boards for the NHS), who provide “one community-based service for children and young people with all wetting (daytime and bedwetting), constipation and soiling problems” as recommended in NHS England’s “Excellence in Continence Care” Framework.

It is recognised that there is considerable variation of provision at local level. These modules describe the minimum standards of care required in the community for children with bowel and bladder problems at both Levels. They are aimed primarily at those who provide, manage and commission paediatric continence services in the community. We recognise that the 'Minimum Standards' at Level 1 apply primarily to registered staff (i.e. Nurses and Health Visitors), but most of these standards offer guidance, and are also applicable to, other providers of these services. Similarly, practitioners at Level 2, may not initially possess skills such as the use of bladder scanners and prescribing, but we think that appropriate training should be offered to ensure the effectiveness of these services in the future. Therefore, we hope that these standards will give relevant, informative, but not unduly onerous support for those working in this challenging, but poorly supported field.

The recommendations are designed to be consistent with, and complement (See LINKS below):

- The NICE accredited Paediatric Continence Commissioning Guide (PCF 2015)
- All Party Parliamentary Group (2011) "Cost effective commissioning for Continence Care".
- Paediatric Continence Care pathways produced by the Children's Continence charity, ERIC, and PromoCon.
- NHS England's Excellence in Continence Care document (EICC) (2015),
- Relevant clinical guidelines and quality standards produced by NICE (CG 54, 89, 99, 111; QS 62, 70)
- Standards produced by the International Children's Continence Society (ICCS)

LINKS

APPG: Contenance Care: cost-effective commissioning for continence care All Party Parliamentary Group (2011)

<http://www.appgcontinence.org.uk/pdfs/CommissioningGuideWEB.pdf>

EICC: <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/11/EICC-guidance-final-document.pdf>

ERIC: <http://www.eric.org.uk/>

ICCS: <http://i-c-c-s.org/>

NICE: <https://www.nice.org.uk/guidance/>

PCF 2015: <http://www.paediatriccontinenceforum.org/wp-content/uploads/2015/09/Paediatric-Continence-Commissioning-Guide-2014-PCF.pdf>

PromoCon: <http://www.disabledliving.co.uk/PromoCon/>

Public Health England:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/493622/Service_specification_CG2_FINAL_19jan2016.pdf

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LIST of ABBREVIATIONS

ALSPAC	Avon Longitudinal Study of Parents and Children
APPG	All Party Parliamentary Group
BAPS	British Association of Paediatric Surgeons
BAPU	British Association of Paediatric Urologists
BAPUCN	British Association of Paediatric Urology & Continence Nurses
CAMHS	Child and Adolescent Mental Health
CCG	Clinical Commissioning Group
CG	Clinical Guideline (NICE)
CIC	Clean Intermittent Catheterisation
CPCS	Community Paediatric Continence Service
CSU	Catheter sample of urine
DOH	Department of Health
EICC	Excellence in Continence Care (NHS England)
ERIC	Education and Resources for Improving Childhood Continence
ESPU	European Society for Paediatric Urology
FGM	Female Genital Mutilation
FI	Faecal Incontinence
GP	General Practitioner
HCA	Health Care Assistant
HCP	Health care professional
ICCS	International Children's Continence Society
LUT	Lower urinary tract
LUTS	Lower urinary tract symptoms
MDT	Multi-disciplinary Team
MSU	Mid-stream Specimen of urine
MUI	Mixed Urinary Incontinence

NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NMC	Nursing and Midwifery Council
OAB	Overactive bladder
PCCG	Paediatric Continence Commissioning Guide (PCF 2015)
PCF	Paediatric Continence Forum
PROMs	Patient reported outcome measures
QOL	Quality of Life
QS	Quality Standard (NICE)
SUI	Stress urinary incontinence
UKCS	United Kingdom Continence Society
UI	Urinary incontinence
UUI	Urgency urinary incontinence

(NOTE not all abbreviations are used in the document, but they will be helpful in further reading)

SERVICE DESCRIPTION

See Paediatric Continence Commissioning Guide: <http://www.paediatriccontinenceforum.org/wp-content/uploads/2015/09/Paediatric-Continence-Commissioning-Guide-2014-PCF.pdf>

MINIMUM STANDARDS FOR LEVEL 1 ASSESSMENT & CONSERVATIVE MANAGEMENT OF BLADDER AND BOWEL SYMPTOMS IN CHILDREN

The minimum standards required to initiate a basic continence assessment of bladder and bowel symptoms by community nursery nurses, health visitors, community nurses, Health Care Assistants / Assistant Practitioners, or school nurses in children and young people (aged 0 to 19) are outlined below and can be divided into six categories

1. Knowledge base
2. Assessment of the patient
3. Basic investigations
4. Initiating treatment
5. Reviewing the outcome of treatment
6. Supervision and training

1. Knowledge base

Learning outcomes:

To demonstrate an appropriate level of knowledge of anatomy, pathophysiology and continence status, including the impact of the child or young person's development, environment or comorbidities on their continence.

To understand the impact of lower urinary tract and bowel symptoms on children, young people and their parents or carers

To be aware of NICE guidance

To be aware of "red flags" and other causes for concern.

To be aware of the need to discuss "red flags" and concerns with senior staff for referral, or to directly refer onwards, in a timely manner for these and other conditions e.g. recurrent urinary tract infection.

To demonstrate an understanding of the conservative management of lower urinary tract and bowel conditions, including dietary and fluid intake and lifestyle modifications.

To be able to communicate sensitively and effectively with children, young people and their families

The ability to understand the roles of and work with the wider multidisciplinary team, for example, CAMHS, education and social care as appropriate.

To be able to identify the limits of their competence and provide or request appropriate and timely onward referral

To be able to use available technology appropriately.

To meet NHS and regulatory body professional standards with respect to record keeping

To understand safeguarding issues and concerns and how to respond according to local policies and procedures

2. Assessment of the patient

Learning outcomes:

To demonstrate an ability to assess the bladder and bowel and identify dysfunction.

To be aware of suitable onward referral pathways.

To be able to identify and know how to take appropriate action for parental/carer intolerance and other potential safeguarding concerns.

Knowledge criteria	Clinical competence and Professional skills	Training support	Assessment	References
Knowledge of stages of normal physical development including bladder and bowel control and skills related to toilet training	Ability to gain a basic history about continence status from the parents/carers and assess symptom impact and desire for advice.	e-learning, access to appropriate literature	Direct observation	<u>British Association for Early Childhood Education.</u> <u>Healthy Child Programme</u>
Knowledge of psychosocial and cognitive development	Ability to recognise failure to achieve developmental skills related to toilet training	Clinical supervision	Training record	<u>ERIC Information for professionals:</u>
Knowledge of common continence problems in childhood (failure to toilet	To be able to advise on the administration and to undertake basic	Evidence of completion of diaries and charts		<u>NICE</u>

<p>train, constipation, soiling, daytime wetting and enuresis).</p> <p>Awareness of the child /young person’s environment on their continence status</p> <p>Awareness of “red flags” and other symptoms that would warrant referral to other services.</p>	<p>interpretation of toileting and bowel diaries and frequency volume charts.</p> <p>Ability to recognise constipation, soiling, bedwetting and daytime wetting and delayed toilet training.</p> <p>Be able to identify concerns, including wider health issues, and know how to refer in a timely fashion to the appropriate professionals for assessment</p> <p>Know when and how to refer to other services</p> <p>Ability to make an appropriate referral</p> <p>Able to identify and act on safeguarding concerns</p>	<p>Local pathways and supervised learning with appropriately trained health care professional</p> <p>Level 3 safe guarding training. Attendance at safeguarding supervision as per local policy</p>	<p><u>CG 99</u></p> <p><u>CG 111</u></p> <p><u>QS 62</u></p> <p><u>QS 70</u></p> <p><u>ICCS Clinical Tools</u></p> <p><u>PromoCon resources</u></p> <p><u>PromoCon leaflets for Professionals</u></p> <p><u>CG 54</u></p>
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Awareness of safe guarding practice and local implementation policies (including FGM issues)				<u>Local safeguarding policies and procedures</u>
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3. Basic investigations.

Learning outcomes

To demonstrate the ability to obtain a urine sample in the continent and incontinent child, and know the indications for urinalysis

To be able to use, clean and decontaminate any equipment that is available

To be able to administer and evaluate toileting charts, frequency volume charts and bowel diaries

Knowledge criteria	Clinical competence and Professional skills	Training support	Assessment	References
<p>Know how to administer toileting charts, frequency volume charts and bowel diaries.</p> <p>Understand the implications of urine testing.</p>	<p>Be aware of the value of frequency/volume charts and bowel and toileting diaries and over what length of time specific information should be collected.</p> <p>To know how to collect a clean specimen of urine, including from the incontinent child and children with complex health problems/disability</p> <p>To know the indications for requesting or performing urinalysis.</p>	<p>Supervised learning with appropriately trained health care professional.</p> <p>e-learning, access to appropriate literature.</p>	<p>Training record</p> <p>Direct observation</p>	<p>PromoCon Resources</p> <p>CG 99</p> <p>CG 111</p> <p>CG 89</p>

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4. Initial management

Learning outcomes

- To demonstrate the knowledge skills and attitudes required to provide initial continence advice
- To understand the clinical, environmental and social context of treatment options
- To understand individual needs that may impact on treatment options or compliance with advice
- To be aware of and use appropriate pathways for onward referral

Knowledge criteria	Professional skills to be assessed	Training support	Assessment	References
Knowledge of strategies to support toilet training	Development of basic treatment plan based on initial assessment, investigations and individual needs and preferences, and agree this with the child/young person (as appropriate) and parent/ carer	e-learning, access to appropriate literature	Direct observation	PromoCon Leaflets for Professionals
Knowledge of lifestyle interventions.	Advise on appropriate dietary and fluid intake Advise on appropriate toileting regimes	Direct supervision	Training record	ERIC Information for Professionals

<p>Knowledge of the effect of developmental delay and other comorbidities on the management of urinary and bowel function and toilet training for the individual.</p> <p>Knowledge of appropriate local referral pathways and local and national resources.</p>	<p>Advise on appropriate toilet training programmes</p> <p>Advise on appropriate food and fluid intake in evenings for children with enuresis</p> <p>To be able to provide support and advice based on the child's additional needs, in order to promote early attainment of the skills required for toilet training and encourage toilet training</p> <p>Ability to advise children and young people and their parents/carers regarding other sources of information.</p> <p>Ability to signpost to resources e.g. websites, helplines and leaflets.</p>			<p>PromoCon</p> <p>Resources</p> <p>NICE</p> <p>CG 99</p> <p>CG 111</p> <p>QS 62</p> <p>QS 70</p>
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<p>Awareness of other treatment options in the management of continence</p>	<p>Be able to collaborate appropriately e.g. with GPs, Community paediatric continence service.</p>			
<p>Knowledge of aids for toilet training and their availability</p>	<p>Ability to counsel children, young people and their parents/carers about aids for toilet training and support them with their use</p>			
<p>Knowledge of appropriate use of washable and disposable continence containment products</p>	<p>Demonstrate basic knowledge of washable and disposable continence containment products and their appropriate use.</p>			

5. Reviewing the outcome of treatment

Learning outcomes

To demonstrate the ability to monitor the effect of treatment.

To be able to set realistic individualised goals with appropriate timescales.

To recognise when onward referral is indicated with respect to outcomes, compliance, and timescales.

Knowledge Criteria	Clinical competence and Professional skills	Training support	Assessment	References
<p>Knowledge of potential effects of advice and / or treatments for different symptoms</p> <p>Knowledge of expected progress of treatment</p> <p>Recognise when progress is satisfactory or not.</p>	<p>Assess the response to lifestyle interventions, toileting aids, enuresis alarms and medication.</p> <p>Assess response to individualised treatment plan including compliance and impact on quality of life for the child and family.</p> <p>Awareness of own level of responsibility and ability to make appropriate and timely onward referral.</p>	<p>Direct observation, supervision and feedback</p> <p>e-learning, access to appropriate literature</p>	<p>Direct observation by preceptor</p> <p>Review of clinical records and case-based discussion</p>	<p>CG 111</p> <p>CG 99</p> <p>QS 62</p> <p>QS 70</p> <p>PromoCon leaflets for Professionals</p> <p>ERIC information</p>

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6. Training and supervision

1. Training and ongoing supervision for non-registered staff must initially be given under the supervision of an appropriate trainer i.e. a registered professional with expertise in children's continence
2. Clinical Supervision is an essential part of practice.
3. Utilisation of audit to support professional and service development.
4. Ensure adherence to NMC Code of Conduct and revalidation requirements for Registered Nurses and RCN guidance for delegation to none registered staff
5. Undertaking relevant courses and professional development is essential.

REFERENCES

NICE (National Institute for Health and Care Excellence): www.nice.org.uk

Reference	Title	Link
CG 54	Urinary tract infection in under 16s: diagnosis and management	https://www.nice.org.uk/guidance/cg54
CG 89	Child maltreatment: when to suspect maltreatment in under 16s	https://www.nice.org.uk/guidance/cg89
CG 99	Constipation in children and young people	https://www.nice.org.uk/guidance/cg99
CG 111	Nocturnal Enuresis: The management of bedwetting in children and young people	https://www.nice.org.uk/guidance/cg111
QS 62	Constipation	https://www.nice.org.uk/guidance/qs62
QS 70	Enuresis	https://www.nice.org.uk/guidance/qs70

International Children's Continence Society (ICCS)

Reference	Title	Link
ICCS Clinical tools	1 Week Voiding Diary 24-Hour Frequency/Volume Chart 24-48 Hour Toilet Protocol 72-Hour Frequency/Volume Chart Parental Questionnaire Extended History Taking Bowel Diary Dry Pie Chart	http://i-c-c-s.org/members/Clinical-Tools.cgi

(NOTE: Membership of the ICCS costs only € 20 for nurses)

<p>PromoCon Resources</p>	<p>Paediatric Constipation Assessment Tool</p> <p>Promoting Healthy Bladders, Preventing Constipation</p> <p>Toilet Skills Assessment</p> <p>Toilet Training Check List</p> <p>Toilet Training Children with Autism and Related conditions - Information for Parents</p> <p>Toilet Training Children with Special Needs</p> <p>Understanding bladder & Bowel comorbidities in children and young people with additional needs - the importance of Assessment</p> <p>Understanding Childhood constipation</p> <p>Understanding Constipation in infants and Young Toddlers</p> <p>Understanding Nocturnal Enuresis and improving Treatment Outcomes</p> <p>Understanding the Management of Bedwetting in Children under the Age of 7 years: Implementing NICE Guidelines</p> <p>Understanding Toilet Refusal - the child who will only poo in a nappy</p> <p><u>Children's Assessment Tool</u> - South Tees Hospital</p>	<p>http://www.disabledliving.co.uk/Promocon/Publications/Resources</p>
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	<u>Toileting Chart</u> : updated - South Tees Hospital	
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OTHERS

<u>Reference</u>	<u>Title</u>	<u>Link</u>
British Association for Early Childhood Education.	Development Matters in the Early Years Foundation Stage (EYFS)	http://www.foundationyears.org.uk/files/2012/03/Development-Matters-FINAL-PRINT-AMENDED.pdf
Patient.info	Urine Dipstick Analysis	http://patient.info/doctor/urine-dipstick-analysis
CHI-ESQ	CHI Experience of Service Questionnaire	www.corc.uk.net/wp-content/uploads/2013/10/ESQ-Info.pdf ;
Healthy Child Programme	DoH Healthy Child Programme e learning/ <i>Toileting:Bladder and Bowel control</i>	http://portal.e-lfh.org.uk/LearningContent/Launch/366291

MINIMUM STANDARDS FOR LEVEL 2 ASSESSMENT & CONSERVATIVE MANAGEMENT OF BLADDER AND BOWEL SYMPTOMS IN CHILDREN

The minimum standards required to provide Level 2 Community Paediatric Bladder and Bowel (Continence) Service are outlined below and can be divided into six categories. It is recognised that many healthcare professionals providing very effective continence services do not have prescribing and physical examination qualifications, although we believe that these are desirable. However, in the absence of these qualifications, practitioners will need to liaise particularly closely with GPs and local Level 3 services.

1. Knowledge base
2. Assessment of the patient
3. Basic investigations
4. Initiating treatment
5. Reviewing the outcome of treatment
6. Supervision and training

1. Knowledge base

Learning outcomes:

- To demonstrate an appropriate knowledge of anatomy, physiology and pathology relating to bladder and bowel control.
- To demonstrate a knowledge of developmental milestones, both in general development and relating to continence
- To understand the impact of lower urinary tract and bowel symptoms on children, young people and their parents/carers
- To be able to identify “red flags” and be aware of the need for onward referral for these and other conditions or concerns
- To demonstrate an understanding of the management options for delayed toilet training, urinary and faecal incontinence and chronic constipation
- To demonstrate understanding of the role of the multidisciplinary team, including administrative, educational, social care staff and the voluntary sectors
- To understand the impact of continence problems on quality of life and integration in the community (e.g. at school and in extracurricular activities)
- To understand safeguarding concerns and how to respond to these in accordance with local policies and procedures
- To work with the child and family to set relevant goals and expectations of treatment and arrange review as appropriate

2. Assessment of the patient

Learning outcomes:

- To demonstrate an ability to undertake a detailed assessment of bladder and bowel function in children and young people
- To demonstrate an ability to administer and interpret toileting charts, frequency volume charts and bowel diaries
- To be able to perform or refer appropriately for a basic clinical examination
- To be able to form a clinical diagnosis
- To demonstrate an ability to explain to children, young people and their parents/carers the issues relating to the continence problems
- To demonstrate an understanding of safeguarding concerns and how to respond

Knowledge criteria	Clinical competence and Professional skills	Training support	Assessment	References
<p>Knowledge of types of incontinence, basic male and female anatomy and pathophysiology in relation to continence status.</p>	<p>Ability to gain a detailed history about continence status from the children, young people and their parents/carers</p> <p>To assess symptom impact (bothersomeness), parental/carer intolerance and desire for treatment</p> <p>Ability to recognise the impact of developmental delay, behavioural problems, comorbidities and the</p>	<p>Observation of continence assessment performed by a competent health care professional</p>	<p>Direct observation by preceptor.</p> <p>Practice Log.</p> <p>Case-based discussion</p>	<p>ERIC Guides</p> <p><u>ICCS Clinical Tools:</u></p> <p><u>ICCS Slide Library</u></p> <p><u>ICCS Standardisation documents</u></p>

<p>Knowledge of developmental milestones.</p> <p>Knowledge of relevant history taking and use of bladder, bowel and toileting charts and diaries</p> <p>Understanding the effects of comorbidities, behavioural and environmental problems on continence</p> <p>Knowledge of symptoms of urinary tract infection</p>	<p>child/young person's environment on their continence status</p> <p>To be able to administer and advise on the use of toileting charts, frequency volume charts and bowel diaries</p> <p>Observational skills.</p> <p>Recognise abnormalities of development.</p> <p>Recognise abdominal distension and undertake or refer for appropriate examination prior to advising on treatment.</p> <p>Be able recognise symptoms of urinary tract infection</p>	<p>Clinical supervision as required</p> <p>Peer observation</p> <p>Joint clinics between learner and competent practitioner</p>		<p>ERIC Information for professionals</p> <p>PromoCon leaflets for Professionals</p> <p>British Association for Early Childhood Education.</p> <p>Healthy Child Programme</p> <p>CG 99 (Tables 1, 2, 3)</p> <p>CG 111</p> <p>QS 62</p> <p>QS 70</p>
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<p>Knowledge of 'red flag' signs and symptoms</p> <p>Awareness of possible safe guarding issues and their presentation, including FGM</p>	<p>Ability to identify and refer children with 'red flag' symptoms.</p> <p>Level 3 safe guarding training</p> <p>Being able to refer children where there are safeguarding concerns as per local and national policies and procedures</p>	<p>Attendance at appropriate courses or study days.</p>		<p>CG 89</p> <p>G 54</p>
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3. Basic investigations

Learning outcomes

To demonstrate the ability to administer, explain and interpret toileting charts, frequency volume charts and bowel diaries.

To be able to perform and interpret bladder scan when available, to assess post void residual and act appropriately according to the result.

To demonstrate the ability to perform and interpret dipstix analysis of urine.

Knowledge criteria	Clinical competence and Professional skills	Training support	Assessment	References
<p>Understanding of toileting charts, frequency volume charts and bowel diaries</p> <p>To understand principles of normal bladder emptying.</p> <p>To understand the patterns of urinary flow rates</p>	<p>Ability to interpret toileting charts, frequency volume charts and bowel diaries and to be able to discuss this with the child, young person and their family/carers</p> <p>Ability to understand children’s descriptions of their voiding pattern and identify causes for concern and indications for referral.</p>	<p>Supervised learning with appropriately trained health care professional</p>	<p>Direct observation</p> <p>Practice Log.</p> <p>Case-based discussion</p>	<p>ICCS slide library</p> <p>ICCS Standardisation documents</p> <p>ICCS clinical Tools</p> <p>CG 111</p> <p>CG 99</p> <p>QS 62</p>

<p>To understand the role of the bladder scanner in assessing bladder emptying.</p> <p>Understand the implications of urine testing</p> <p>To know when investigations are required for chronic constipation and how and when to use appropriate referral pathways.</p>	<p>Know how to use bladder scanner examinations to assess bladder emptying</p> <p>Know which are the appropriate dipstix for testing urine, be able to perform and interpret results and know when to send MSU</p> <p>To know when to refer to specialist services for consideration of further investigations for 'red flags'</p>	<p>Instruction in the use of relevant bladder scanner, which can be provided by colleagues or company representatives.</p>		<p>QS 70</p> <p>CC 10</p> <p>Patient.info</p> <p>CG 89</p>
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4. Management

Learning outcomes

To demonstrate the knowledge, skills and attitudes required to undertake initial continence management.

To understand the clinical and social context of treatment options.

To demonstrate an ability to advise and provide ongoing support to children, young people and their parents/carers.

To be aware of indications for medical, psychological and safeguarding concerns and be able to refer for further assessment and intervention using local and national policies, procedures, guidance and referral pathways.

To be able to support the wider community as appropriate e.g. managing continence issues in early years settings and schools.

Knowledge criteria	Professional skills to be assessed	Training support	Assessment	References
Awareness of co-morbidities and their effect on toilet training, urinary and bowel symptoms.	Development of treatment plan, including lifestyle interventions and agree this with the child or young person and parent/ carer based on initial assessment and basic investigations	Observation of suitably qualified practitioners. Direct supervision	Direct observation Practice Log.	NICE CG 99 CG 111 QS 62 QS 70
Knowledge of lifestyle interventions and treatment options	Be able to advise on lifestyle interventions and be aware of their limitations.	Attendance at specialist courses and study days and appropriate update training	Case-based discussion	ICCS Slides Library

<p>Knowledge of appropriate programmes and the importance of their timely use, to support early toilet training, including children with additional needs.</p> <p>Knowledge of the need to focus on any positive steps to reduce intolerance and improve engagement.</p> <p>Know how to identify children and young people who require faecal disimpaction and know how best to</p>	<p>Be able to recommend and support the use of enuresis and daytime wetting alarms where appropriate.</p> <p>Understand the indications for prescribing, dosage, dosage titration and side effects of medications, and be able to support children, young people and their families/carers when using medications.</p> <p>To understand the use of toilet training programmes and aids.</p> <p>Be able to assess parents'/carers' intolerance and give advice as required.</p> <p>Be able to recommend appropriate medication for disimpaction in the community and support the child/young</p>	<p>Access to e-learning and/or university based continence module</p>		<p><u>ICCS Standardisation documents</u></p> <p>ICCS e-learning</p> <p>ERIC Information for professionals</p> <p>PromoCon leaflets for Professionals</p>
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<p>make medical disimpaction effective and sustained</p> <p>Knowledge that lifestyle interventions alone are not adequate for treatment for chronic idiopathic constipation.</p> <p>Know the indications for anal medication and irrigation</p> <p>Knowledge of available local and national resources for children, young people and their parents/carers</p>	<p>person and their parents/carers during disimpaction</p> <p>To be able to offer early aggressive treatment of idiopathic constipation, sustained for as long as required and weaned gradually.</p> <p>Be able to work with paediatricians and others in secondary and tertiary care to instigate rectal treatment for chronic constipation or neuropathic bowel and support children and young people and their families/carers during such treatment.</p> <p>To be able to direct children, young people and families to local and national resources.</p>			
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<p>Demonstrate knowledge of disposable and washable continence products and their appropriate use.</p> <p>To understand the roles of schools, GPs and health visitors and others in supporting children with continence problems</p> <p>Knowledge of how to provide advice, information, support and training, at an appropriate level, to a diverse audience.</p>	<p>Be able to appropriately counsel children, young people, parents, carers and professionals about the most appropriate continence containment product to meet individual needs and about their correct use, where continence is not possible.</p> <p>To work closely with, support and provide training to local GPs, schools, and community nursing/ health visitor colleagues to enable them to support children and families and to carry out prevention and early treatment.</p> <p>To provide advice, information, support and training to children, young people, their families and all who work with them.</p>			
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5. Reviewing the outcome of treatment

Learning outcomes

To demonstrate the ability to monitor the effect of treatment and respond appropriately

Knowledge criteria	Clinical competence and Professional skills	Training support	Assessment	References
<p>Knowledge of referral pathways for other treatment options to be used when children and young people are not responding satisfactorily to treatment</p> <p>Knowledge of potential outcomes of treatments for different symptoms and problems</p>	<p>Assess the compliance and response to interventions and treatment, referencing back to objectives agreed at initial assessment.</p> <p>To use observation, history, frequency volume charts, progress charts and bowel diaries to assess the effectiveness of treatment</p>	<p>Direct observation of preceptor.</p> <p>Direct clinical supervision and feedback.</p> <p>Case based discussion with colleagues</p>	<p>Direct observation by preceptor.</p> <p>Case based discussion.</p> <p>Practice log</p>	<p>ICCS Standardisation Documents</p> <p>ICCS Slide Library</p> <p>ERIC Information for professionals</p>

	<p>To be able to suggest modifications to treatment plans, based on progress and preferences of the child, or young person and their parent/carer</p> <p>To be able to offer appropriate advice to prevent relapse.</p> <p>To be able to make appropriate onward referrals when treatment outcomes are not as expected, or satisfactory progress is not being made</p>		<p>Audit of clinical outcomes</p> <p>Adherence to NICE quality standards</p>	<p>PromoCon leaflets for Professionals</p>
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6. Supervision and training

- 1) Training must initially be given under the supervision of suitably qualified senior clinical practitioners.
- 2) Within the first 12 months of practical training the trainee should have attended a relevant theoretical course and/or have completed the e-learning ICCS childhood continence course.
- 3) Close liaison, including Multidisciplinary Team Meetings (MDTs) with local secondary and tertiary referral units.
- 4) Clinical Supervision is an essential part of practice.
- 5) Continuing professional development, including attendance at relevant courses and meetings.
- 6) Written evidence of observations of clinical practice must be undertaken and completed to satisfaction of a preceptor before the practitioner is deemed competent.
- 7) Utilisation of audit to support professional and service development.
- 8) Ensure adherence to NMC Code of Conduct and revalidation requirements for Registered Nurses.
- 9) Community Paediatric Continence Nurse Specialists should be encouraged to undertake a Non-Medical Prescribing course.

REFERENCES

NICE (National Institute for Health and Care Excellence): www.nice.org.uk

Reference	Title	Link
CG 54	Urinary tract infection in under 16s: diagnosis and management	https://www.nice.org.uk/guidance/cg54
CG 89	Child maltreatment: when to suspect maltreatment in under 16s	https://www.nice.org.uk/guidance/cg89
CG 99	Constipation in children and young people	https://www.nice.org.uk/guidance/cg99
CG 111	Nocturnal Enuresis: The management of bedwetting in children and young people	https://www.nice.org.uk/guidance/cg111
QS 62	Constipation	https://www.nice.org.uk/guidance/qs62
QS 70	Enuresis	https://www.nice.org.uk/guidance/qs70

International Children's Continence Society (ICCS)

Reference	Title	Link
ICCS Clinical tools	1 Week Voiding Diary 24-Hour Frequency/Volume Chart 24-48 Hour Toilet Protocol 72-Hour Frequency/Volume Chart Parental Questionnaire Extended History Taking Bowel Diary Dry Pie Chart	http://i-c-c-s.org/members/Clinical-Tools.cgi

Reference	Title	Link
<p>ICCS Slide Library</p>	<p>Diagnostic evaluation of children with daytime incontinence.</p> <p>Evaluation and Treatment of monosymptomatic enuresis <i>optional for Level 1</i></p> <p>The Management of Dysfunctional Voiding in Children.</p> <p>Psychological and psychiatric issues in urinary and fecal incontinence <i>optional for Level 1</i></p> <p>Anatomy and Physiology of the bladder: an overview</p> <p>Anatomy and Physiology of the lower Gastro-intestinal tract: an overview</p> <p>Basic Diagnostic approach and assessment of incontinence in children <i>optional for Level 1</i></p> <p>Bowel dysfunction in children</p> <p>Assessment and management of bowel dysfunction in children</p>	<p>http://i-c-c-s.org/members/Slide-Library.cgi</p>

	<p>Daytime urinary incontinence in children: an overview</p> <p>Daytime urinary incontinence in children the confounders – UTI, VUR and constipation</p> <p>Drug therapy for daytime urinary incontinence in children</p> <p>Management of dysfunctional voiding</p> <p>Nocturnal enuresis</p>	
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Reference	Title	Link
<p>ICCS Standardisation Documents</p>	<p>Diagnostic Evaluation of Children With Daytime Incontinence</p> <p>Evaluation of and Treatment for Monosymptomatic Enuresis</p> <p>Monosymptomatic Enuresis Appendices</p> <p>The Management of Dysfunctional Voiding in Children</p> <p>Evaluation & Treatment of Non-monosymptomatic Enuresis</p> <p>Management of Functional Constipation in Children with Lower Urinary Tract Symptoms</p>	<p>http://i-c-c-s.org/members/standartisation-documents.cgi</p>

<u>Reference</u>	<u>Title</u>	<u>Link</u>
ICCS e-learning	<p>L100 - Terminology</p> <p>L101 - Anatomy of lower urinary tract</p> <p>L102 - Physiology of lower urinary tract</p> <p>L103 - Anatomy and physiology of the lower gastrointestinal tract</p> <p>L104 - The development of continence</p> <p>L105 - Bladder and bowel dysfunction</p> <p>L201 - Initial assessment of day time LUT dysfunction</p> <p>L202 – Non-invasive assessment UDS</p> <p>L203 - Advanced assessment</p> <p>L204 - Comorbidities</p> <p>L301 - Assessment and management of bowel dysfunction</p> <p>L401 - Urotherapy</p> <p>L402 - Pharmacotherapy</p> <p>L501 - Enuresis</p> <p>L502 - Enuresis Assessment</p> <p>L503 - Enuresis Treatment</p>	<p>http://iccs2.catedra.it/doceboLms/index.php?r=lms/catalog/show</p>

	<p>L504 - Therapy Resistant</p> <p>L601 - Neurogenic Bladder</p> <p>L602 - Incontinence due to anatomic abnormalities</p> <p>L603 - Catheterisation</p> <p>L701 - Transitional Care</p>	
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ERIC (Education and Resources for Improving Childhood Continence) <http://www.eric.org.uk/>

<u>Reference</u>	<u>Title</u>	<u>Link</u>
ERIC Information for Professionals	<p>ERIC Information for professionals: Bedwetting Information</p> <p>ERIC Information for professionals: Day-time wetting information</p> <p>ERIC Information for professionals: Constipation information</p>	<p>http://www.eric.org.uk/Professionals/info_daytime_wetting_professionals</p>

OTHERS

<u>Reference</u>	<u>Title</u>	<u>Link</u>
British Association for Early Childhood Education.	Development Matters in the Early Years Foundation Stage (EYFS)	http://www.foundationyears.org.uk/files/2012/03/Development-Matters-FINAL-PRINT-AMENDED.pdf
Patient.info	Urine Dipstick Analysis	http://patient.info/doctor/urine-dipstick-analysis
CHI-ESQ	CHI Experience of Service Questionnaire	www.corc.uk.net/wp-content/uploads/2013/10/ESQ-Info.pdf ;
Healthy Child Programme	DoH Healthy Child Programme e learning/ <i>Toileting:Bladder and Bowel control</i>	http://portal.e-lfh.org.uk/LearningContent/Launch/366291

PromoCon: <http://www.disabledliving.co.uk/Home>

<u>Reference</u>	<u>Title</u>	<u>Link</u>
<p>PromoCon leaflets for Professionals</p>	<p>Assessment form for children who will not open their bowels on the toilet</p> <p>Bedwetting Assessment Form</p> <p>Bladder and Bowel Diary</p> <p>Information for professionals and carers: toilet training children with autism and developmental disabilities</p> <p>Managing Bowel and Bladder Problems in Schools and Early Years Settings</p> <p>Paediatric Assessment Tool for Toilet Training Readiness and Issuing of Product Scoring Sheets</p> <p>Paediatric Assessment Tool for Toilet Training Readiness and Issuing of Products</p> <p>Paediatric Constipation Assessment Tool</p> <p>Promoting Healthy Bladders, Preventing Constipation</p> <p>Toilet Skills Assessment</p> <p>Toilet Training Check List</p> <p>Toilet Training Children with Autism and Related conditions - Information for Parents</p> <p>Toilet Training Children with Special Needs</p> <p>Understanding bladder & Bowel comorbidities in children and young people with additional needs - the importance of Assessment</p>	<p>http://www.disabledliving.co.uk/Promocon/Publications/Children</p> <p>http://www.disabledliving.co.uk/Promocon/Publications</p>

<p>PromoCon Resources</p>	<p>Understanding Childhood constipation</p> <p>Understanding Constipation in infants and Young Toddlers</p> <p>Understanding Nocturnal Enuresis and improving Treatment Outcomes</p> <p>Understanding the Management of Bedwetting in Children under the Age of 7 years: Implementing NICE Guidelines</p> <p>Understanding Toilet Refusal - the child who will only poo in a nappy</p> <p><u>Children's Assessment Tool</u> - South Tees Hospital</p> <p><u>Toileting Chart</u>: updated - South Tees Hospita</p>	<p>http://www.disabledliving.co.uk/Promocon/Publications/Resources</p>
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Reference	Title	Link
CC10	Assess residual urine by use of post void bladder scanning	https://tools.skillsforhealth.org.uk/competence/show/html/id/761/

APPENDIX 1: ADDITIONAL RESOURCES FOR FAMILIES

<u>Reference</u>	<u>Title</u>	<u>Link</u>
ERIC Guides For Parents, children and young people	Thinking about wee and poo now you've reached the age of 2 ERIC's Guide to Night Time Wetting Guide to Potty Training ERIC's Guide to Childhood Daytime Wetting ERIC's Guide to Children Bowel Problems* Guide for Children with Special Needs	http://www.eric.org.uk/Parents http://www.eric.org.uk/InformationZone/Leafletsandresources

Reference	Title	Link
ICCS for Parents and families	Alarm Treatment Leaflet Bedwetting Booklet Bladder Advice Leaflet Constipation Booklet Constipation Leaflet Desmopressin Leaflet Enuresis Leaflet Incontinence Booklet Incontinence Leaflet Incontinence Psychology Leaflet School Toilet Booklet Toilet Training Booklet	http://i-c-c-s.org/parents/

<u>Reference</u>	<u>Title</u>	<u>Link</u>
<p>PromoCon leaflets for Families</p>	<p>One step at a time: A parent's guide to toilet skills for children with special needs</p> <p>Promoting Healthy Bladders: Information for Families</p> <p>Talk about Bedwetting</p> <p>Talk about Bedwetting for Children with Learning Disabilities and Down's Syndrome</p> <p>Talk about constipation</p> <p>Talk about Day Time Bladder Problems</p> <p>Talk about daytime wetting</p> <p>Talk about getting ready for potty training</p> <p>Talk about going to the toilet</p> <p>Talk about Having an Ultrasound Bladder Scan</p> <p>Toilet Training Children with Autism and Related conditions - Information for Parents</p> <p>Understanding getting ready for potty training. A Guide for Parents</p>	<p>http://www.disabledliving.co.uk/Promocon/Publications/Children</p> <p>http://www.disabledliving.co.uk/Promocon/Publications</p>

APPENDIX 2: ASSESSMENT TOOLS for BLADDER and BOWELS

Types of Assessment tool	Skills to use	Knowledge base	Citation	ref/access
Toileting diary	Assessing voiding frequency and patterns, fluid intake and bowel motions.	Physiology of urinary tract		
	Use assessment to promote bowel and bladder health and toilet training.	Aged-related changes in bladder function	Development matters in the Early Years' Foundation Stage. The British Association for Early Childhood Education.	http://www.foundationyears.org.uk/files/2012/03/-Matters-FINAL-PRINT-AMENDED.pdf
	Interpret symptoms in the context of the bladder diary	Types of bladder diary	Diagnostic Evaluation of Children With Daytime Incontinence. P. Hoebeke, W. Bower, A. Combs, T. De Jong and S. Yang. 2010. J Urol. 183, 699-703.	http://i-c-c-s.org/members/standardisation-documents.cgi
	Initiate first line treatment based on assessment and diary	Systemic conditions affecting LUT	Children's Assessment Tool - South Tee's Hospital	http://www.disabledliving.co.uk/Promocon/Publications/Resources

<p>Use assessment outcome to provide containment products appropriately for children who have been assessed as being unable to toilet train</p>	<p>Normal and abnormal diary patterns</p>		
<p>Bowel assessment tools</p> <p>Ability to undertake assessment of bowel function</p>	<p>Tool to assist bowel care assessment and management</p>	<p>Development and Validation of the Fecal Incontinence and Constipation Quality of Life Measure in Children With Spina Bifida. Nanigian DK, Nguyen T, Tanaka ST, Cambio A, Di Grande A, Kurzrock E. 2008. J Urol. 180 1770-1773</p> <p>Heaton.K.W., Radvan,J., Cripps,H., Mounfford, R.A., Braddon, F.E.M.,& Hughes, A.O., 1992. Defecation frequency and timing, and stool form in the general population a prospective study. Gut 33, 818-824</p>	<p>http://www.ucdmc.ucdavis.edu/urology/specialties/pediatric_urology/pediatric_urology_information_handouts.html</p>
<p>Assessment of constipation</p>	<p>Rome Criteria</p>	<p>Drossman D.A et al ., Senior editor Rome 111 The Functional Gastrointestinal Disorders. Degnon Associates INC 2006 . AND: Childhood Functional Gastrointestinal Disorders: Neonate/Toddler. Hyman PE, Milla PJ, Benninga MA, Davidson GP, Fleisher DF, Taminiiau J. Gastroenterology. 2006;130:1519 –1526</p>	

<p>Urinalysis</p> <p>Indications for MSU Culture</p>	<p>Correct use of multistix/urinalysis machines SfH CHS192</p> <p>Infection control measures SfH IPC !&2</p> <p>Interpretation and actioning of results NICE CG 54</p> <p>skillsforhealth.org.uk</p> <p>www.NICE.org.uk/guidance/cg54</p>
<p>Ultrasound assessment of residual urine</p> <p>Ability to assess urinary residual volume</p>	<p>Types of bladder scanner Health Improvement Scotland Evidence Note 32</p> <p>Ability to use equipment</p> <p>Diagnostic Evaluation of Children With Daytime Incontinence. P. Hoebeke, W. Bower, A. Combs, T. De Jong and S. Yang. 2010. J Urol. 183, 699-703</p> <p>www.healthcareimprovementScotland.org</p> <p>http://i-c-c-s.org/members/standardisation-documents.cgi</p>
<p>Patient reported experience measure</p> <p>Deliver patient-centred care</p>	<p>Understanding of patient journey, NHS Patient Experience Framework</p> <p>www.gov.UK</p>

		<p>Friends and family test www.England.NHS.UK</p> <p>Parent ESQ: http://www.corc.uk.net/resources/measures/parent/ Self-report ESQ for 9-11 years: http://www.corc.uk.net/resources/measures/child/ Self-report ESQ for 12-18 yrs: http://www.corc.uk.net/resources/measures/child/ Parent-rated ESQ Addendum: http://www.corc.uk.net/resources/measures/parent/</p> <p>CHI-ESQ (Commission for Health Improvement Experience of Service Questionnaire)</p>
<p>Patient report outcome measures</p>	<p>Ability to relate goals to what is achievable</p>	<p>Professional standards</p> <p>NHS Guidance on Patient Reported outcome measures http://www.hscic.gov.uk/proms</p>