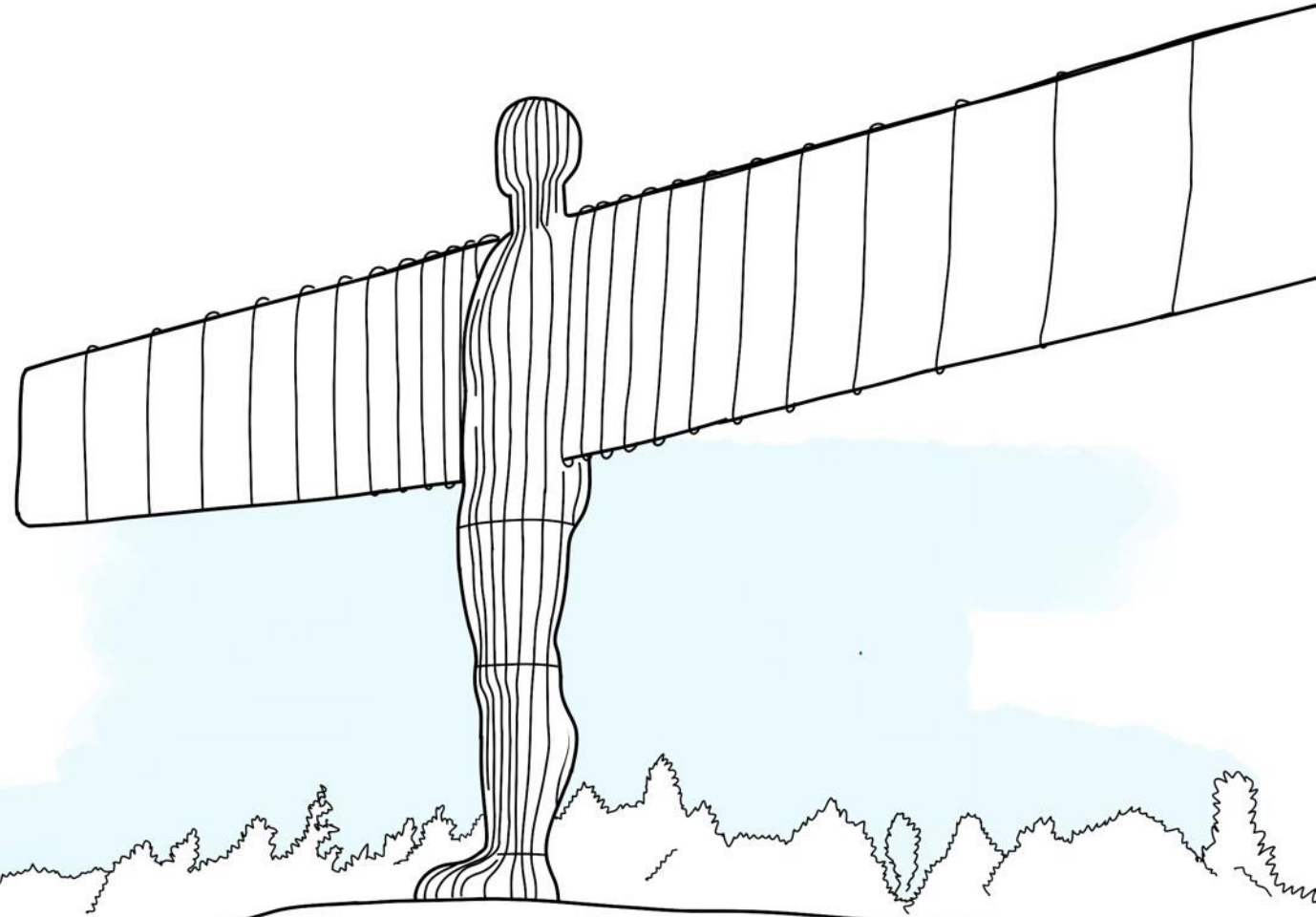


Children's Bladder and Bowel Service

Level One Presentation



This presentation aims to help you by...

1. Discussing how adults and children feel about wee and poo issues
2. Providing advice to improve bladder and bowel health
3. Explaining how a healthy bladder and bowel works
4. Signposting you to useful webpages
5. Providing you with information to direct you to additional help and support within Gateshead

Starting Point....How would you answer these questions?

What concerns you about your child wetting/soiling?

- The emotional state and wellbeing of my child, impact on my child's social activities and on their self-esteem.
- Concern on the extra washing and drying, the smell and the cost of replacing bedding or clothing.

What are the reasons for the wetting/soiling?

- Incontinence is outside of my child's control, as they are a deep sleeper or family history.
- Incontinence is due to my child being lazy, doing it on purpose, or doing it to get back at or to punish us in some way.

What has your child tried to do to stop the wetting/soiling?

- My child helps to get changed, follows instructions from us, e.g. drinking more in school and less fizzy drinks.
- My child can be dry or clean when they want to be, they are not bothered if wet / soiled, I have tried anything.

How does the wetting/soiling make you the parent or carer feel?

- We are empathetic with our child, as it must be unpleasant for my child.
- I get frustrated, angry and annoyed with my child sometimes.

How do you cope with your child wetting/soiling?

- We try to find solutions together and cope with practicalities.
- We use punishment, making threats, show disappointment, reprimanding or withdraw privileges.

Explore your feelings about bladder and bowel issues

Click on the information buttons to explore how people can feel about bladder and bowel issues:

Through my eyes - Poem



Issues your child may have in school



Children stories



Young Champions advice



Siblings also have feelings



Incontinence has an impact on the families



Health Promotion Advice - Diet

- Regular family mealtimes can support regular bowel movements.
- Providing age-appropriate **portion sizes** of food encourage healthy habits that will last a lifetime.
- **Eating well** and a **balanced diet** is an important part of maintaining good health and can help you feel your best.
- Promote appropriate fibre choices for the age and weight of your child to promote healthy bowel habits.
- Ensure children have the correct dairy intake (cheese / yogurts / milk) for calcium.
 - ✓ Children between 1 and 3 years old need to have around 350mg of calcium a day.
 - ✓ About 300ml of milk (just over half a pint) would provide this.
- Tube fed children using either blended or liquid diets should seek advice from a dietician to ensure fibre choices are discussed

DO NOT restrict children's diets without medical advice and guidance from a relevant medical specialist

Portion Sizes

Eating Well

Balanced Diet

Health Promotion Advice - Fibre

Eat a **RAINBOW** every day

Fruit 2 portions a day/Vegetables 3 portions a day in all different colours



Eat a range of **FIBRE** foods 

- ✓ **Insoluble** fibre adds bulk to poo – e.g. whole-wheat flour, wheat bran, nuts, beans and vegetables, such as cauliflower, green beans and potatoes
- ✓ **Soluble** fibre holds water in poo – e.g. oats, peas, beans, apples, citrus fruits, carrots, barley.

Food packaging and labels which show ‘5g per 100g’ and above is a good fibre choice food

Eatwell Guide

Use the Eatwell Guide to help you get a balance of healthier and more sustainable food. It shows how much of what you eat overall should come from each food group.

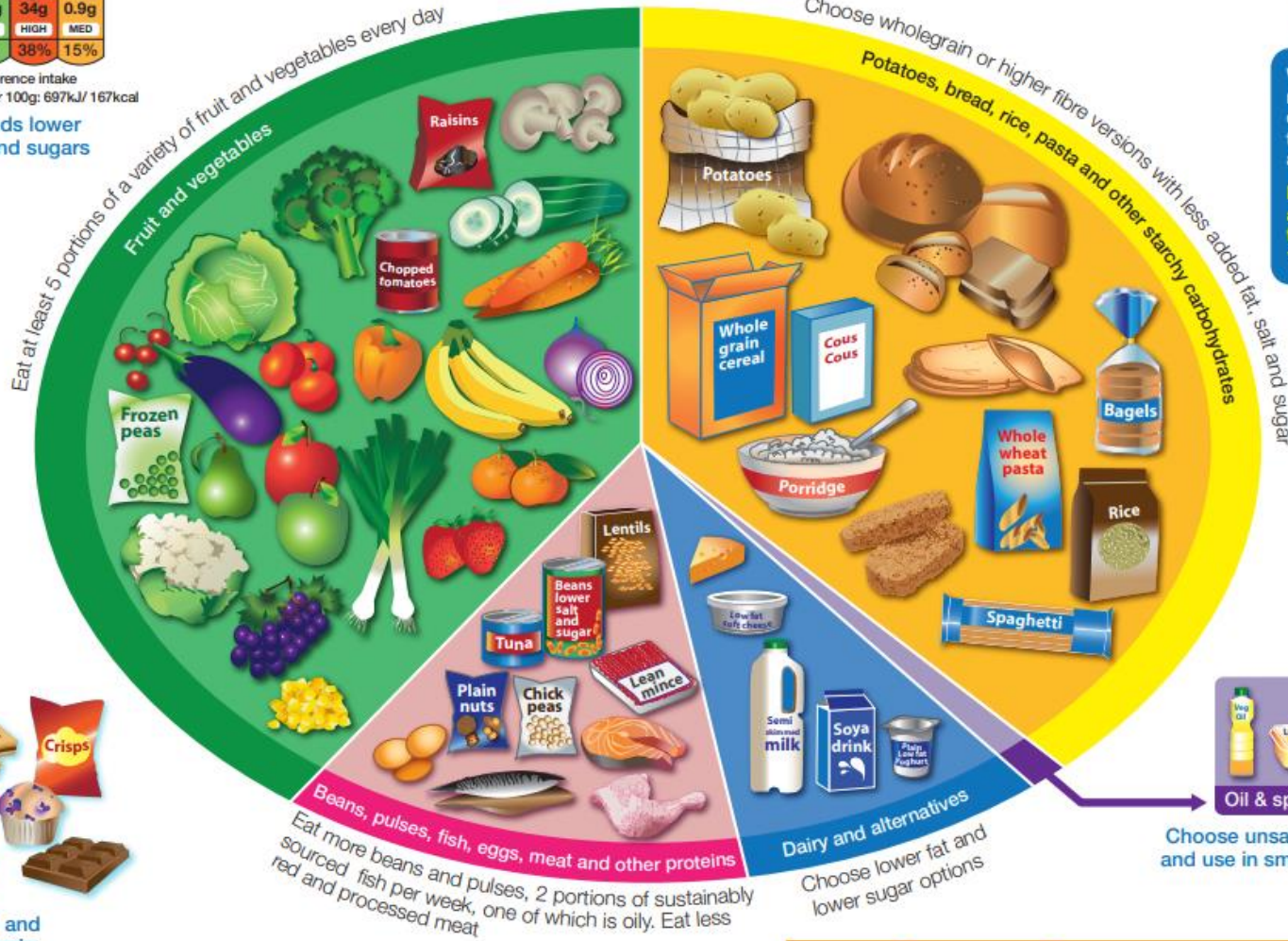
Check the label on packaged foods

Each serving (150g) contains

Energy 1046kJ 250kcal	Fat 3.0g	Saturated 1.3g	Sugars 34g	Salt 0.9g
13%	LOW	LOW	HIGH	MED
	4%	7%	38%	15%

of an adult's reference intake
Typical values (as sold) per 100g: 697kJ/ 167kcal

Choose foods lower in fat, salt and sugars



Water, lower fat milk, sugar-free drinks including tea and coffee all count.

Limit fruit juice and/or smoothies to a total of 150ml a day.



Choose unsaturated oils and use in small amounts

Eat less often and in small amounts

Per day 2000kcal 2500kcal = ALL FOOD + ALL DRINKS

Eatwell Guide

Source: Public Health England in association with the Welsh Government, Food Standards Scotland and the Food Standards Agency in Northern Ireland

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Portion sizes

NHS Guidance for portion sizes


Fibre

Age	Grams of fibre per day
2 – 5 years	15g
6 – 11 years	20g
12 – 16 years	25g
17+ years	30g


What is a child sized portion?




Bread and Rice




Fruit and Vegetables



High Fats and Sugars



Meat, Fish, Eggs and Beans



Milk and Dairy

Food Supplements - Probiotics and Prebiotics

Current thoughts about gut health: both **prebiotics** and **probiotics** are good for your gut, but they help in different ways.

- **Prebiotics** are a source of food for your gut's healthy bacteria. These work in your lower digestive tract, where they help healthy bacteria to grow. They are found in many fruits, vegetables, and whole grain foods including **flaxseed**
- **Probiotics** are live yeasts and good bacteria that live in your body and are good for your digestive system. You can take probiotics as supplements and some foods.

Prebiotics

Probiotics

Health Promotion Advice - Fluid

Health fluid intake levels depend upon the age, gender and activity level of the child

6-8 drinks evenly spaced in the day should be encouraged to develop a good habits and routines which will fit in with school life.

Aim to have 3 drinks during school hours.

5 of the daily drinks should be before 5pm.

The child should stop drinking 1-1½ hours before bed time

Discourage excessive drinking.

Not everyone feels thirsty, but everybody needs fluid through the day.



Hydration

Why water is necessary
in our body (kids video)

Recommendations - Daily Fluid Intake

Age	Each Drink	Total in 24 hours
1 - 3 years old	150ml	900ml
4 - 5 years old	200ml	1200ml
6 - 7 years old	250ml	1500ml
8 - 9 years old	300ml	1800ml
Girls		
9 years old	330ml	1980ml
13 years old	350ml	2100ml
14+ years old	400ml	2400ml
Boys		
9 years old	350ml	2100ml
13 years old	400ml	2400ml
14+ years old	500ml	3000ml

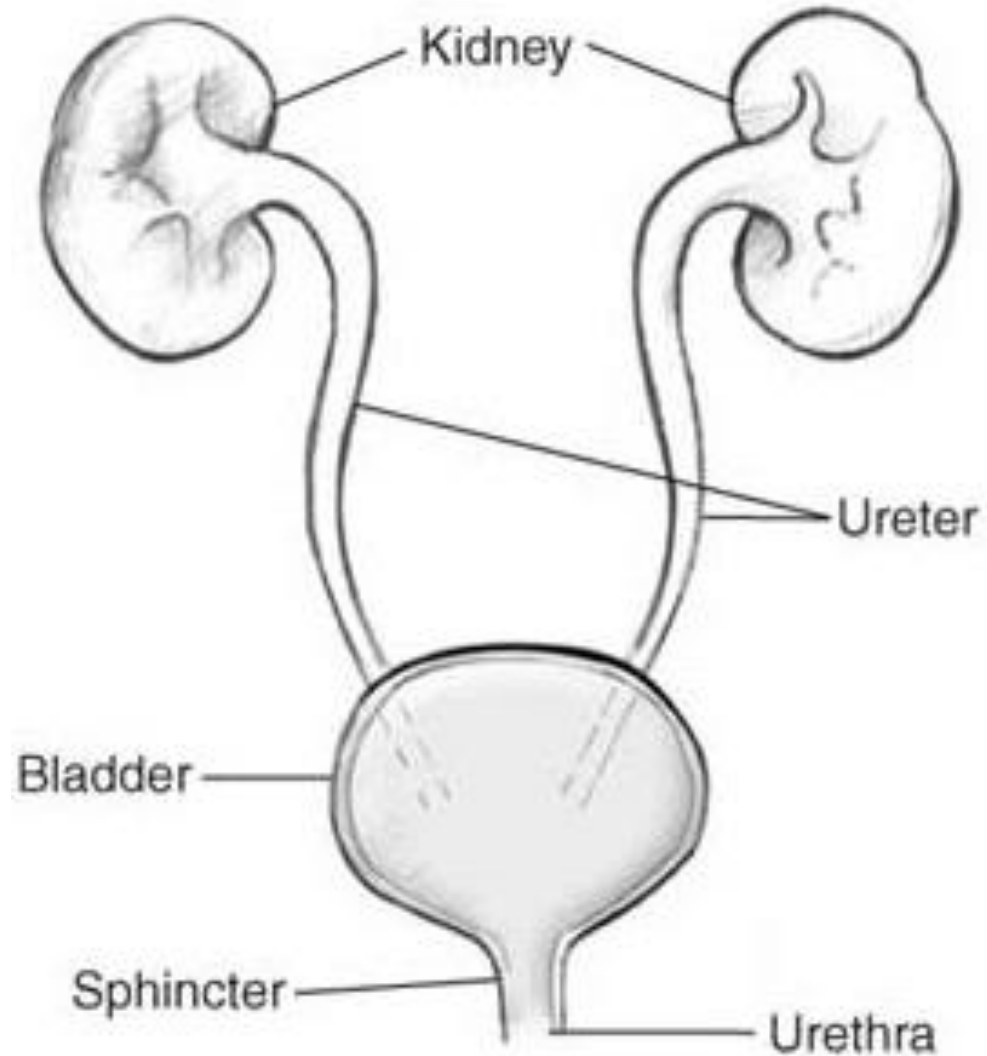


Fluid intake for tube fed children

Age	Total water intake/day (including water in food)
Infants 0 – 6 months	700ml assumed to be from breast milk
7 – 12 months	800ml from milk and complementary foods and beverages
1 - 3 years	1300ml
4 - 8 years	1700ml
Boys 9 - 13 years	2400ml
Girls 9 - 13 years	2100ml
Boys 14 - 18 years	3300ml
Girls 14 -18 years	2300ml

Children should **AVOID** high energy drinks and drinks with caffeine

NICE Guidance around fluid intake



Urinary System

[How it works - video](#)

[How does your bladder work – an animated guide](#)

Bladder: Developmental milestone information

Daytime toilet training	Nighttime toilet training
<p>3-year-olds who are dry most days can still have the odd accident, especially when they're excited, upset or absorbed in some activity</p>	<p>Between the ages of 3 and 5 years old, some children can stay dry throughout the night, they mostly stay asleep and wake up dry.</p>
<p>4-year-olds who are reliably dry during the day with minimal accidents, it is not unusual to have some accidents if there are any changes, such as starting school.</p>	<p>It is advisable to seek support from child School Nurse from the age of 5 years old, if your child has bedwetting / Nocturnal Enuresis</p>
<p>If a child has started school 5 years old and still having lots of daytime accidents or still using nappies during the day talk to the school staff to develop a plan to support this developmental milestone. If no improvements seen within 3 months, school or family can access additional support from their School Nurse.</p>	<p>However normal development to wake up in the night to pass urine to stay dry at night range between 5-15 years old. Children who are wet at night have not learnt the skill to wake up themselves up when needing to pass urine</p>

Daytime – toilet training

School Nurse

Night time – toilet training

Toilet Training: Developmental milestone information

When starting toilet training introduce a routine which involves the child sitting on a potty / toilet. Do this 20-30 minutes after every drink and every meal.

Try sitting the child on the potty / toilet for 1 minute, slowly increasing the sitting time to 5 minutes.

When trying to toilet train, consider the individual needs of the child, including those who have additional needs e.g. delayed development, physical disabilities, Down Syndrome, Autism.

Using disposable nappies can hide bladder / bowel dysfunctions which could lead to health issues in the future.

Children do not need to be **independent** to be clean and dry. Some children can remain **dependent** on an adult but do not require wrap around nappies.

Establish toilet routines early on for success: e.g. go when the child wakes up, after breakfast/before school, in school at every break (2-3 times), before leaving school/ when first arriving home, after the evening meal, before bed and finally before sleep.

Wrap around nappies they can be bought in large supermarkets in sizes: Junior / X-small but there are alternatives to consider such as 'shaped pads'.

The longer a child wears a nappy, the harder it can be to break the habit and introduce a toilet training.

Current advice about when
to introduce toilet training

Toilet Training – Step by Step

1. Preparation / getting started

- Healthy eating and drinking habits
- Introduce to sitting on the potty/ toilet
- Increase the child's awareness of the sequencing for toileting (visual aids/ books/ videos/ songs)

2. Practice / introducing regular potty or toilet times

- Talk to child / role play about going to the toilet for wee and poo
- Talk to child about the need to stop what they are doing when they need to do a wee or poo
- Sit happily on the toilet for two- five minutes
- Frequency of sitting on the potty or toilet is gradually increased

3. Practice / timed toileting

- Record wee and poo activity on charts
- Use Social stories
- Play wet and dry games
- Support dressing skills

4. Stop using nappies / introduce washable pants

- Everyone who looks after their child knows the plan
- Take child to the toilet or potty at the same times as dry in step three.

Free toilet training
resources

Potty Training
Programme

Some interesting information about urine

Urine has 7 colours ranging from straw to brown. Urine colour and the urine frequency can help identify hydration/dehydration status. A well hydrated person will pass 'straw' colour urine 4-8 times in a day, each of a good volume. Day time wee should be 'straw' in colour.

The age of a child determines how much their bladder capacity should be able to hold. Bladder capacity increases with age in children. The normal expected bladder capacity up to the age of 12 is calculated as $(\text{age} + 1) \times 30 \text{ ml}$. It is normal development for a child of 12 years old to have an adult size bladder, 390-500ml.

If your child remains dry at night, their first urine in the morning should be dark in colour. The amount of urine the body produces decreases at night and therefore, night time urination is between 0 - 1 times during a 6-8 hour sleep. Less than 4 or more than 8 wees needs to be investigated.

Bedwetting is renamed **Primary Nocturnal Enuresis** after 5 years old.

Secondary Nocturnal Enuresis is when a child has started to wet the bed during the night having been able to wake up and use the toilet and stay dry for 6 months.

If this occurs there is a need to be reviewed by GP to explore.

Possible reason which could be constipation / urine infection / emotional issues.

Pelvic Floor Advice

Pelvic floor exercises strengthen the muscles around the bladder and bottom.

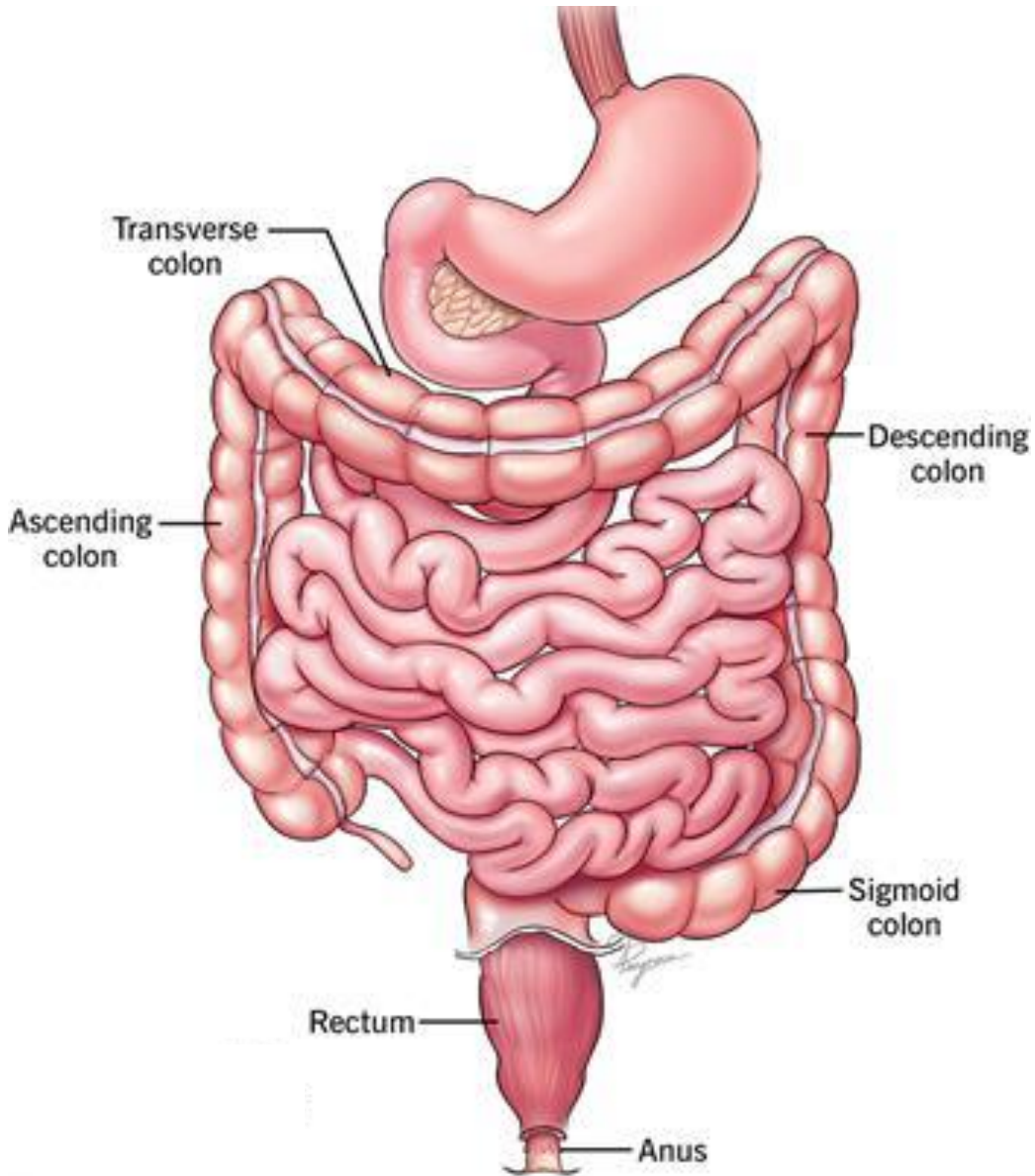
Strengthening the pelvic floor muscles will support a healthy bladder and bowel.

Click on the links below to learn more about improving your pelvic floor muscles.



[10 ways to stop leaks](#)

[Pelvic floor daily exercise routine for women aged 12 and over](#)



Digestive System

How it works

The Poo in You

Some interesting information about bowels

1 month old infant who **bottle** feeds has an average of 4 to 5 poos per day

1 month old infant who **breast** feeds has an average of 3 poos per week

Most babies stop opening their bowels at night before they become one year old.

Having a poo during sleep in children over 1 year may be an indication of constipation

The small intestine is about 22 feet long
The large intestine is about 6 feet long
Total length of the bowel is about 28-30 feet long

The average time a child's body takes to turn food from the mouth into poo is between 24 and 36 hours

Expected bowel movements in childhood should range from no more than 3 times per day but no less than 3 times per week.

Poo consistency and frequency may change daily depending upon diet, fluid intake and activity.

Our bodies have a reflex which triggers a feeling of needing to use the toilet to poo. This reflex usually triggers at around 20- 30 mins after food.

The 'poo reflex' signal lasts only lasts for around 20 mins before it disappears.

Normal poo type can range from 3 – 5 on the Bristol Stool Chart

Children may be diagnosed as constipated if they have any 2 of the points listed below:

- Doing less than three complete poos per week
- Doing large, infrequent poos that can block the toilet
- Poo is like 'rabbit droppings' (type 1) or hard/ large poos (type 2/3)
- Overflow, soiling, faecal incontinence day or night (type 6/7)
- Child is unaware that they are passing a poo in toilet / pants / nappy
- Bowel movements are painful
- Abdominal pain with the passage of a poo
- There is bleeding associated with hard poos
- Poor appetite that improves with passage of large poo
- Evidence of holding on to the poo i.e. straight legged, tiptoed, back arching posture
- Straining to pass a poo
- Feeling that poo is still in rectum after sitting on toilet
- Anal pain when passing a bowel movement

Other symptoms that may suggest constipation...

- Feeling sick
- Lots of very smelly pumps
- Urine tract infection symptoms with no infection
- Lots of small wee during the day with or without urgency
- Not passing urine – urine retention
- Day time wetting
- Bedwetting
- Insisting on wearing a nappy to poo

Soiling due to constipation

Soiling can happen when rectum is impacted.

Poo moves from the large colon to the rectum and as it sits there, water continues to be absorbed by the body and the poo becomes hard.

When rectum becomes full the liquid poo higher from the colon passes through the hard poo, leaking around the retained old poo in the rectum and overflows out of the anus without any awareness.

Poo that is always on underwear or nappy can be due to the anus being unable to be fully closed as the rectum is over full pressing it open, this will also result in the inability to wipe anus clean when wiping.

Other reasons for soiling

Using underwear / nappy as a toilet

- Unable or choosing not to use the potty or toilet
- Communication issues – not able to ask to use the toilet

Poor wiping skills

- A lack of awareness where to wipe bottom leaving poo on bottom (use a mirror can help)
- Inability to effectively wipe due to development disability (may need aids to help achieve this skill)

Interoception/ sensory

- Interoception responds to signals and sensations from inside the body. There may be a lack of awareness of poo coming out the anus, or the smell of poo in underwear.

Encopresis

- This is the act of deliberately soiling or smearing poo. This can be because of emotional issues - consider seeking mental health support

Interoception

REFLECTION - Wee

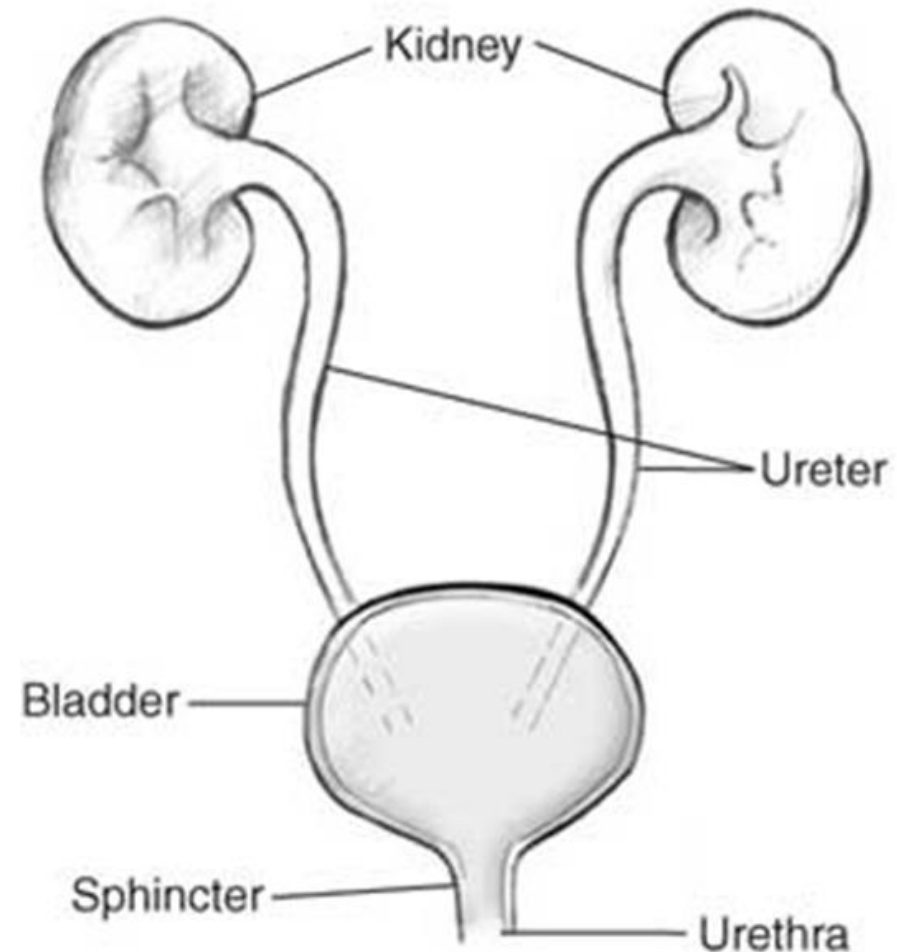
Things might get worse for a month or two before you start to see some improvements when increasing daily fluid intake.

More urine accidents can occur before improvements seen, when first taking off nappies for a month or two.

It take time for the bladder to grow, every wet night results in a small growth of bladder size until reached age-appropriate volume.

It takes time to get the bladder to behave and the person to develop helpful strategies and habits.

Now is the time to think about your individual plan.



REFLECTION - Poo

Things might get worse for a month or two before you start to see some improvements when carrying out a disimpaction of the bowel.

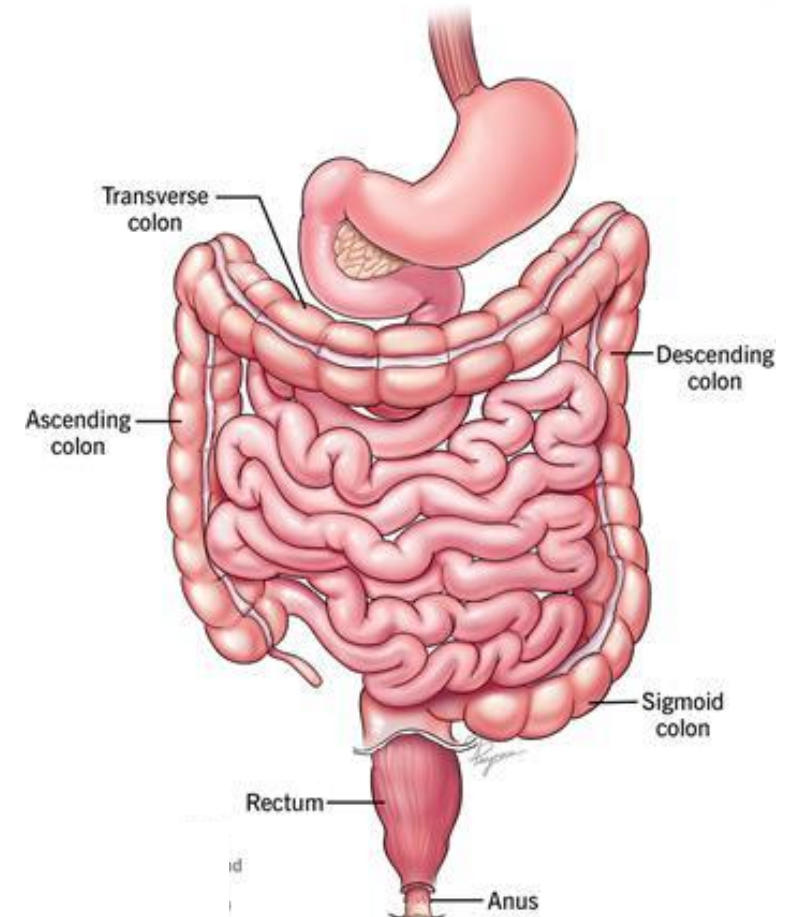
It takes time to get the bowel to behave and the child to develop helpful strategies and habits to resolve constipation

It takes a long time for a rectum to go back to age-appropriate size or child to grow into their rectum.

Medication should continue for 6-12 months after constipation fully resolved with continuing monitoring of bowel habits

If any blood seen in poo – advice to seek medical advice

Now is the time to think about your individual plan



Visit Bladder and Bowel UK Website to get additional information



[INFORMATION](#) [HELPLINE](#) [ONLINE SHOP](#) [JUST CAN'T WAIT CARD](#) [AWARENESS](#) [LEGAL PANEL](#) [NEW CAMPAIGN](#) [CONTACT US](#)

Child information library

Here you can find advice about bladder and bowel issues in children, and general bladder and health. The information library is designed for you, for your family, as well as for the healthcare professionals who support you.

Assessments information

[Assessments](#)

Bladder information

[Daytime wetting](#)

[Bedwetting](#)

[Supporting bladder health](#)

[Charts and diaries](#)

Bowel information

[Constipation](#)

[Other bowel issues](#)

[Diarrhoea in young children](#)

Products and equipment

[Continence products](#)

For schools

[Guidance and policies](#)

Toilet training

[Toilet training](#)

[Children with additional needs and disabilities](#)

CHILDREN AND YOUNG PEOPLE

Bladder and bowel health

Issues affecting the bladder and bowel are very common in children and young people. Here you can find specialist advice to help.

VARIED ISSUES

The problems can include difficulties with toilet training, wetting and/or soiling.

ANY AGE

Younger children are affected more often than older children, but problems can happen at any age.

YOU'RE NOT ALONE

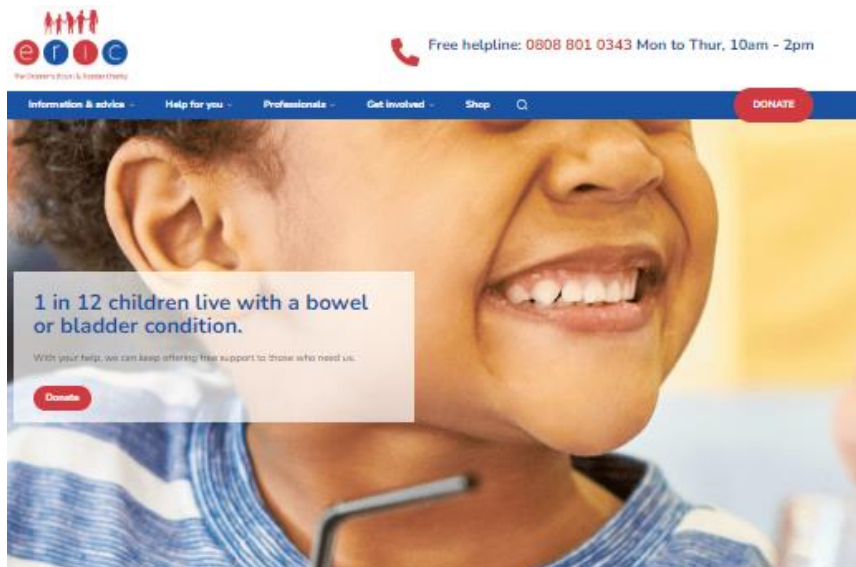
Parents or carers often feel as if their child is the only one suffering, as nobody talks about it.

IT'S COMMON

Such issues can affect up to 28% of all children and adolescents at any one time.



Visit ERIC Website to get additional information



ERIC is the national charity dedicated to improving children's bowel and bladder health. Our mission is to reduce the impact of continence problems on children and their families.



Learn about bowel & bladder problems



Contact our Helpline



Help with potty training



Shop for helpful products



Training



Children's bowels

Information about how to maintain a healthy bowel and tackling common problems including constipation, soiling and withholding.

[Find out more](#)



Children's bladders

Information about how to maintain a healthy bladder and tackling common problems such as wetting, accidents, withholding and urinary tract infections.

[Find out more](#)



Potty training

We have gathered all the evidence on potty training and turned it into an easy-to-follow 3 step approach: preparation, practice followed by perfecting these skills ready to stop wearing nappies.

[Find out more](#)



Toilet anxiety

Why the bathroom is a frightening place for some children and how we can help them overcome their fears.

[Find out more](#)



School toilets

Rules and best practice guidance relating to school toilet facilities and access to using them.

[Find out more](#)



Information in other languages

Some of our popular fact sheets are now available in other languages - with more to come soon.

[Find out more](#)



Signposting and links

Groups, organisations and websites that offer further support and information to help you support your child.

[Find out more](#)



Glossary

If your child is struggling with a bowel or bladder problem, read our explanations of some common medical terms you might come across.

[Find out more](#)

Additional information

Helpline

Podcast

Level 1 Support available in Gateshead

GP's, School Nurses and Health Visitors are part of the team of health professionals called universal services.

Universal services are initial support who complete an assessment, provide advice and discuss initial treatment options.

- **Family GP** – physical assessment and examination of the body, some tests including wee and poo, medication prescription and review of medication
- **Pharmacy** – issue medication and discuss side effects and alternate medications if having difficulties. Signpost how to help learn how to swallow pills.
- **0-19 team (Health Visitor/ School Nurse)** –support universal bladder and bowel care.
- **Mental Health support** - Work in schools and colleges supporting young people with moderate mental health needs with individual students or group sessions.
- **Gateshead Autism Hub** – offer drop in and private facebook group to anyone with an interest in autism and have free resources.

Pharmacy

Health Visitor

School Nurse

Mental Health
Support

Gateshead Autism
Hub

Access toilets in Gateshead community



Changing Places:

[The practical guide](#)

CPT Funding 2021 England Only
- Local Authorities reference.



Changing Places

JUST CAN'T WAIT

I have a medical condition and
need to access a toilet urgently

TOILET ACCESS CARD



Card

Digital Card

Radar Key



Toilet finder



Where are public
toilets?



Flush
toilet finder

The Radar Key Company

For Keys Which Reliably Unlock All The Toilets - Proven Since 1992



Level 2 support available from Gateshead Health NHS Foundation Trust

Specialist Bladder and Bowel Service— supports specialist bladder and bowel care after followed level one universal care for 6 months without any improvement

[Home](#) [Hospitals >](#) [Patients and visitors](#) [Our services](#)

Specialist Bladder and
Bowel Service

[Home](#) > [Our services](#) > Children's Bladder and Bowel

Children's Bladder and Bowel

The service offers a confidential, friendly service to children with a range of bladder and bowel conditions.

In this section

- [Looking after your bowels >](#)
- [Looking after your bladder >](#)
- [Toilet Training >](#)
- [Bladder and Bowel Support for Children in Education >](#)
- [Children's Bladder and Bowel Service – Continence Aids >](#)

Your child's individual health care plan

Where to begin?

Sample Care Plan 1

Sample Care Plan 2

Bring plan and charts to the initial level 2 information session

Goals for continence management

Describe how the child's bladder and bowel health is going to be promoted and maintained and how potential and independence are going to be appropriately promoted. You may include goals for parents, child and /or school staff depending on individual needs.

A pro- active toilet routine will help avoid accidents, so it is very important for this to be implemented during the school day.

Goals for school:

- To establish a regular toileting programme to enable Sam to go to the toilet at set times each day with a designated TA.
- To establish a discreet system for Sam to communicate his needs to go to the toilet at other times.
- To record events and progress in the home school communication book or online system.
- To reduce the frequency and amount of soiling and wetting (measurable by reviewing the home school communication book / online system).
- To ensure Sam drinks the contents of his drinks bottle by home time each day. He is allowed very diluted apple squash to encourage him to drink it. It is very important he is well hydrated throughout the day due to the medication he is on and for his ongoing bladder/bowel health.
- To promote Sam's independence with hygiene, assisting as required.

CHARTS

Start with charts get as much real time information as you can for both bowel and bladder for 1-2 weeks

- Current drinking routines, and fluid volumes drinking
- Current urine frequency, bladder capacity and colour of urine
- Current bowel habits and bowel speed

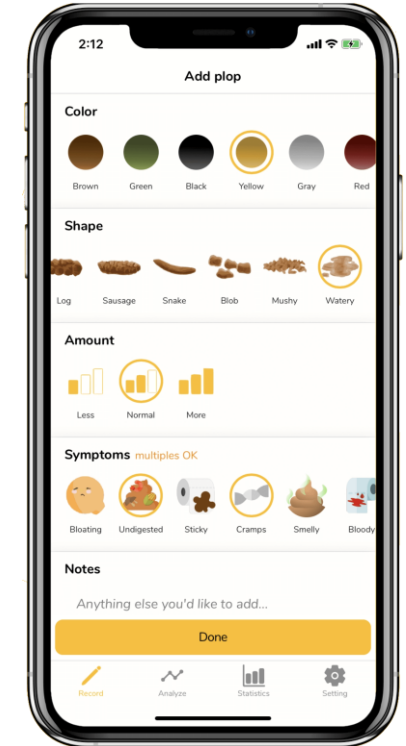
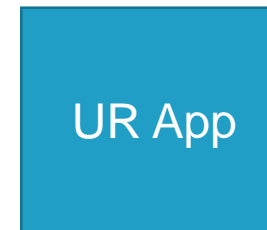
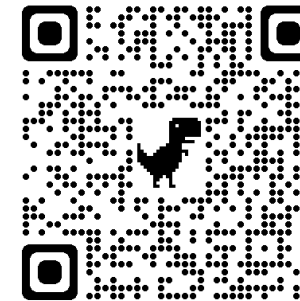
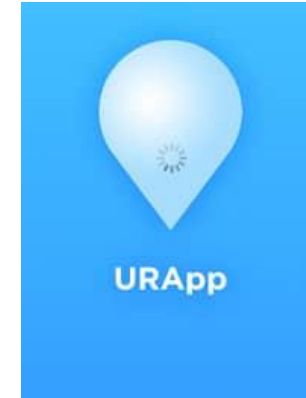
Charts need to be accurate, or they are worthless so if unable to do one day don't worry

Make your own charts or access paper ones from:

- ERIC website
- Bladder and Bowel UK website

Use apps to record habits

- **UR App**
- **Poop tracker**



Measuring Bladder capacity

How to measure bladder capacity

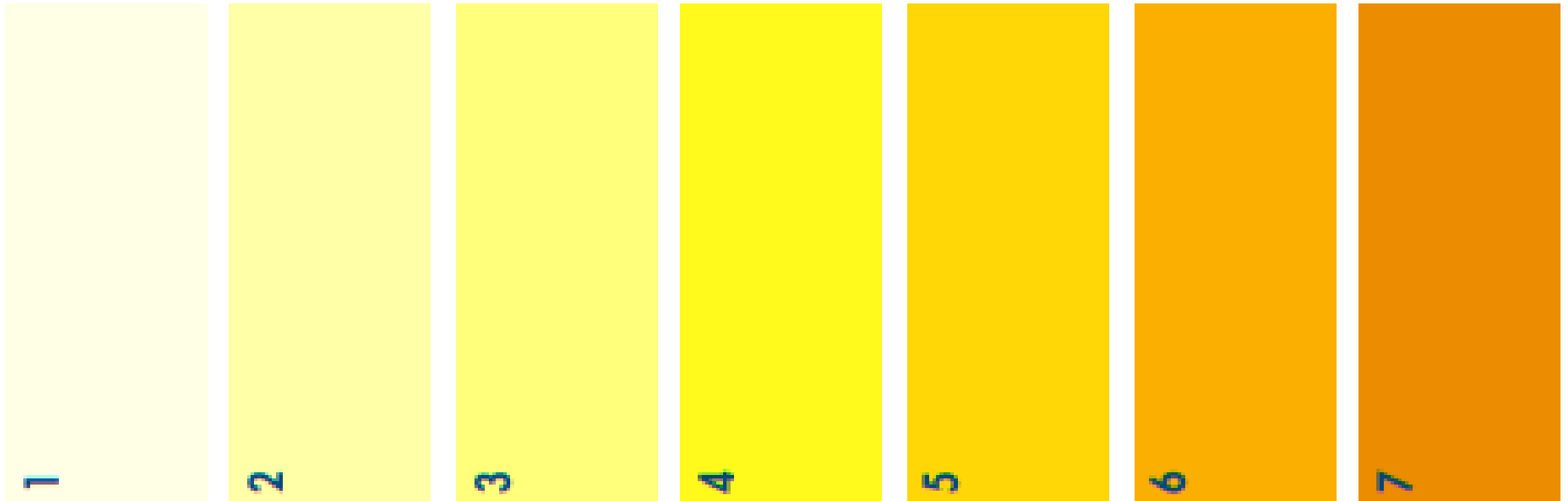
- When urgently need to pass urine (after 1st wee of the day) wee into a jug and record result
- Repeat 2-3 times in the day to get best volume and record all results.
- Repeat this once a month until age appropriate volume achieved for 3 months

If child bladder capacity is not near the age appropriate volume, ensure daily fluid intake is age appropriate and child does not have constipation

What is expected

- 3 year old 120ml
- 4 year old 150ml
- 5 year old 180ml
- 6 year old 210ml
- 7 year old 240ml
- 8 year old 270ml
- 9 year old 300ml
- 10 year old 330ml
- 11 year old 360ml
- 12- Adult 390ml-500ml

Record HYDRATION using WEE CHECKER



Good

Good

Fair

Dehydration

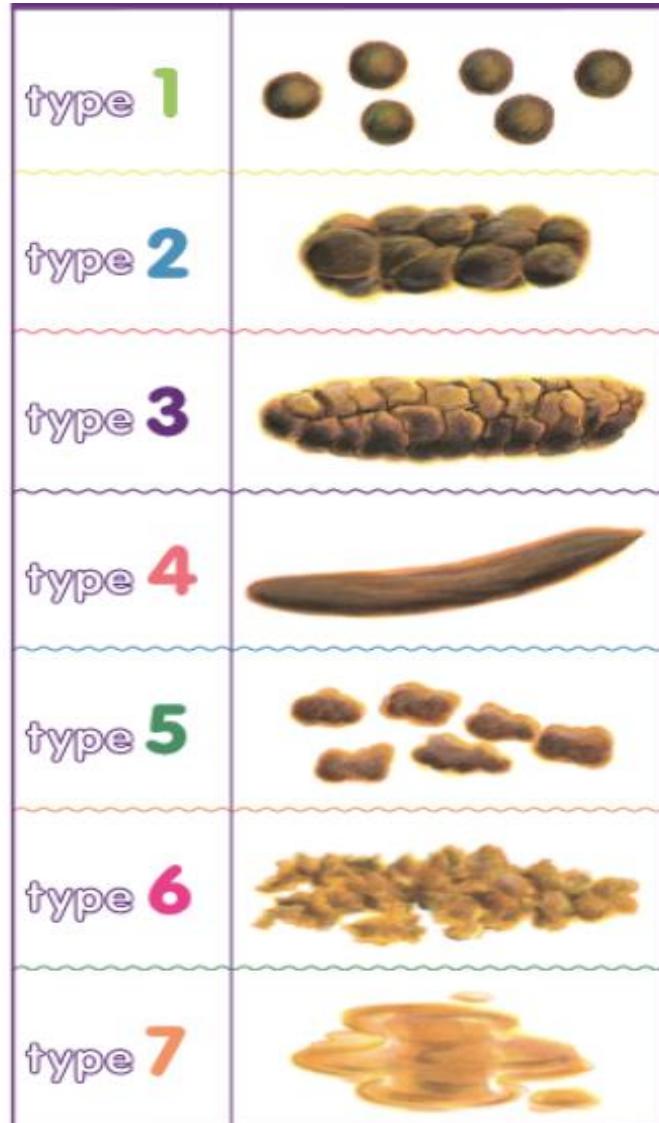
Very
Dehydrated

Severely
Dehydrated

Record 1st wee of the day in the morning, 1st wee when come in from school/ 3-4pm and before bed
If colour 4-7 when come in from school / 3-4pm assess fluid intake

Recording poo types, size and odour

Bristol stool chart



<p>Size of Poo</p> <ul style="list-style-type: none"> • Pebble • Small • Medium • Large • Massive • Toilet blocker / larger than adult poo 	<p>Odour</p> <ul style="list-style-type: none"> • Normal poo smell • Very offensive smell • Unable to remove smell
<p>Colour</p> <ul style="list-style-type: none"> • Black • Dark brown • Light brown • Red (blood on poo) 	<p>Consistency</p> <ul style="list-style-type: none"> • Thick poo • Hard to wipe of skin • Visual Mucus

Testing your child's bowel speed with food



Sweetcorn



Beetroot



Quinoa



Sesame seeds



Poppy seeds

34% of children in the UK suffer from constipation and the signs and symptoms are often missed.

Instructions for the test

Urine Medications

Oxybutynin / Tolterodine tablets, used for daytime wetting and urinary urgency.

However, it can also be used for urine frequency during the night which could be the reason for bedwetting.

A bladder scan must be done before the medication is commenced.

Medications may be increased to achieve dryness and then reduced slowly before stopping.

Desmopressin – tablet, melt or liquid for night time wetting. This medicine is not a cure.

Achieves: 1/3 dry. 1/3 improves but still wet, 1/3 no improvement.

Medication can be used short term as one off for sleep overs.

Oxybutynin

Tolterodine

Desmopressin

Bowel Medications

Osmotic Laxative (Macrogol/ Lactulose)

Start with this type of medication to soften the hard poo.

Stimulant laxative (Sodium Picosulphate/Senna/Bisacodyl/Docusate Sodium)

Introduce if constipation not improved after 2 weeks of using the Osmotic Laxatives at a disimpaction dose.

Medication stimulates the muscles that line the gut, helping them to move poo along the back passage.

Medications are reduced before stopping.

It is recommended to use medication for a time after symptoms resolved.

Macrogol

Lactulose

Sodium
Picosulphate

Senna

Bisacodyl

Docusate
Sodium

Disimpaction dose of Macrogol

BNFc recommended daily dose of Macrogol for disimpaction (in sachets), divide daily dose and give throughout the day

Child's age	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
1 -12 months (paediatric sachets)	½ - 1	½ - 1	½ - 1	½ - 1	½ - 1	½ - 1	½ - 1
1 – 5 years old (paediatric sachets)	2	4	4	6	6	8	8
5 – 12 years old (paediatrics sachets)	4	6	8	10	12	12	12
12 -18 years old (adult sachet)	4	6	8	8	8	8	8

How to drink Macrolog

- **If your child complains about the salt taste**
 - Try mixing the macrolog earlier and chill it in the fridge – it will last 6 hours after mixing (Laxido) or 24 hours (CosmoCol and Movicol).
- **Try a flavoured macrolog**
 - Movicol Chocolate, Laxido Orange, CosmoCol orange and lemon/lime.
- **Try making macrolog ice lollies**
 - Mixing the mixed macrolog water with fruit juice.
- **Buy a new cup**
 - Just for macrogols,
- **Drink through a straw**
 - Use different fun straws or straws with flavour to drink through.
- **Experiment with adding the mixed macrolog water to milk**
 - Pouring it on the child's breakfast cereal, make milkshake.

DO NOT add Macrolog to boiling water **DO NOT** cook with Macrolog

Tips from ERIC's
website

How to Swallow Tablets

NHS
The Newcastle upon Tyne Hospitals
NHS Foundation Trust

TODAY WE ARE LEARNING HOW TO SWALLOW PILLS

1. FIND A COMFORTABLE PLACE WITH NO DISTRACTIONS
YOU CAN TRY THIS TOGETHER!

2. LET THE CHILD CHOOSE THEIR OWN DRINK
THIS CAN BE MILK, WATER OR SUGAR FREE JUICE

3. START WITH THE SMALLEST PRACTICE PILL OR SWEET

4. PLACE THE SWEET OR PRACTICE PILL IN THE MIDDLE OF YOUR TONGUE
DON'T THROW YOUR HEAD BACK

5. GIVE SOME CONTROL TO THE CHILD BY LETTING THEM CHOOSE ONE FOR YOU TOO!

6. SEAL LIPS AROUND THE TOP OF THE BOTTLE AND TAKE A GULP OF LIQUID WITHOUT PUTTING THE BOTTLE DOWN

7. TRY ANOTHER PILL OR SWEET FOLLOWING THE SAME STEPS (NEVER SAY BIGGER ONE)

8. REMEMBER, PRACTICE MAKES PERFECT
WELL DONE!

THE **great north** CHILDREN'S HOSPITAL

TODAY WE ARE LEARNING HOW TO SWALLOW PILLS

KidzMed Project

Teaching children to swallow tablets

THE **great north** CHILDREN'S HOSPITAL

Training video on YouTube

Some ideas for a toilet plan

1. Routine sitting on the toilet for 30 minutes after breakfast, lunch, and evening meals gives children the opportunity to have a poo.
2. Children should be sitting on the toilet 6 times a day after drinking full drinks.
3. **Toilet visits at school: AT EVERY BREAKTIME & BEFORE LEAVING SCHOOL**
4. Promote relaxation time while sitting on the toilet for both wees and poos.
5. The use of toys, games and books helps to make toilet time fun when emptying their bladder and bowel.
6. Use a toilet insert to ensure a stable position while sitting on the toilet for a wee and a poo.
7. Use Toilet steps for any child under 5 foot 5 inches (167cm) to sit in the correct position with their knees higher than their hips for both wee and poo.
8. When having a wee, sit with legs separated, feet flat and firmly supported.
9. Children should be sitting on the toilet for 3-5 minutes for a wee.
10. Children should be sitting on the toilet for 5-10 minutes for a poo.
11. At the end of sitting time, laugh, cough and pump. This will ensure their bladder and bowel are fully emptied.
12. Children need regular routines for sitting on the toilet throughout the day to develop good habits and to avoid wetting and soiling incidents.
13. Postponing wees/poos can lead to wetting /soiling and constipation.



Some ideas for improving a bowel plan

1. Assess transit times to assess bowel habits
2. Assess transit times to assess constipation and medication effects
3. Maintenance doses of medication 6+ months after constipation under control
4. Disimpaction of bowel using Macrogol medication
5. Become a detective to know bowel habit times and develop toilet times
6. Recognise what constipation looks like in your child
7. Toilet time in daytime routines
8. Sitting posture
9. Discover Interoception and develop Interoception awareness
10. Engage the child into the plan
11. Explore soluble and insoluble fibre foods
12. Eat a rainbow!
13. Clear toilet instructions
14. Tummy massage
15. Support on the toilet to help to push
 - Cough
 - Laugh
 - Blow
16. GP Physical examination



Some ideas for a urine daytime plan

1. Ensure there are no urine infections
2. Drink age appropriate volumes in the day
3. Develop routines for drinking - 7 times throughout the day
4. Have 1-2 hour breaks from drinking, don't continually drink all day
5. Ensure drinks are not irritants to the bladder
6. Don't over drink
7. Ensure to plan to drink 3 drinks in school
8. Use toilet training plan to develop good toilet habits
9. Ensure sitting on the toilet correctly
10. Reward only for what your child can control
11. Relax when on the toilet
12. Encourage boys to sit on the toilet to pass urine in the morning and evenings
13. Sitting on the toilet long enough 2 - 3 minutes and then double void – 2nd wee to empty the bladder
14. Develop routines for visiting the toilet after having a drink at home and at school
15. Consider stopping using disposable wrap around products and use inserts or washables.
16. Explore interoception, your child's internal awareness of bladder sensation to have a wee
17. Record how often your child is passing urine during the day
18. Measure their bladder capacity monthly
19. Check their urine colour to ensure they are hydrated through the day
20. Ensure they are not constipated



Some ideas for a urine nighttime plan

1. Ensure they are not constipated
2. No nappies for 2 weeks
3. Consider protecting the bed, wear washable protection or use underwear under nappies until they achieve dryness
4. Remain hydrated throughout the day
5. Stop drinking 1 ½ hours before bed
6. Wee before sleeping
7. Weigh nappy in the morning
8. Record the colour of their 1st wee in the morning
9. **Visualisation** – waking up to use the toilet. Being dry in the morning.
10. **Enuresis** – Behaviour approach for a permanent solution initially used for 4 weeks to assess
11. **Medication** – Desmopressin (tablets/melts/liquid), not a permanent solution. It reduces urine in the bladder overnight and can help some children.
12. **Use charts to record when your child gets to the goal of 28 dry nights**



References and Informative Websites

- NICE GUIDANCE
 - Constipation in children and young people: diagnosis and management (CG99)
 - Bedwetting in under 19s (CG111)
 - Pelvic floor dysfunction: prevention and non-surgical management (NG123)
- [NHS website for England](#)
 - [The Eatwell Guide](#)

- [Gateshead Health NHS Trust](#)
- [Growing Healthy Gateshead \(0-19\)](#)
- [Eric UK](#)
- [Bladder and Bowel UK](#)

Gateshead Health NHS Foundation Trust Children's Bladder and Bowel Presentation Feedback



How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have.

The Patient Advice and Liaison Service will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf. If you have any suggestions or comments about your visit, please either speak to a member of staff or contact the PALS team on **0191 445 6129** (09.00 – 17.00, Monday to Friday). You can also email PALS at **ghnt.pals.service@nhs.net**

Alternatively, you may wish to complain by contacting our complaints department:

Chief Executive,
Gateshead Health NHS Foundation Trust,
Trust Headquarters,
Queen Elizabeth Hospital,
Sheriff Hill,
Gateshead,
NE9 6SX

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In order to assist us to improve the services available, your information may be used for clinical audit, research, teaching and anonymised for National NHS Reviews and Statistics.

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