**Website English Transcribe**

**Slide 1**

Welcome to the level 1 Children Bladder and Bowel Presentation.

The information in this presentation can be useful for any family with a bladder or bowel issue

However, the purpose of this presentation is to ensure families have access to useful universal information to support the management of their child bladder and bowel condition after referral to this service while waiting to attend the ‘adult information group session’ appointment.

While working through this presentation, including watching and reading the additional hyperlinks that can be found throughout the presentation, will ensure you have the necessary information to support your child with their bladder and bowel issues

After working though this presentation, you will be empowered to write your own action plan, for you and your child to follow immediately to avoid any delay in your childcare. Please bring this to the Level 2 information session with any changes you have supported during the weeks, alongside any notes to record any improvements or deterioration in their symptoms during this time. During the session, your plans will be discussed, changed and expanded upon to continue to follow until your face to face appointment when an individualised plan will be agreed to support your child development and support healthy bladder and bowels.

You may feel some of the information in this presentation is not relevant to you and your child’s condition, but please work though the full presentation to facilitate writing your plan and get as much out of the ‘Level 2 Adult Information Session’.

Reading this presentation, hyperlinks and websites are recommended to be accessed by any carer until your child condition is managed, to continue to gain support throughout your journey. However, if you need additional support at any time you can contact the bladder and bowel service.

**Slide 2**

**Content of this presentation**

* Discussing how adults and children feel about wee and poo issues
* Providing advice to improve bladder and bowel health
* Exploring how a healthy bladder and bowel works
* Signposting you to useful websites
* Providing you with information to direct you to additional help and support within Gateshead

**Slide 3**

**Starting Point how would you answer these questions?**

Parents and carers typically worry about their child’s bladder or bowel problems and the impact these problems have on their child. Some parents over time may become intolerant of their child’s continence difficulties and lack of progress when it becomes chronic.

However, if this frustration is verbalised towards the child this may have a negative impact on the management of the child’s bladder or bowel problems, on the carer/child relationship and perpetuate the child symptoms they are experiencing.

The focus must not shift to how the child condition affects others, but remain focused on how it is effecting the child and how to support them. Therefore, as carers what would your answers be today if you answered the following questions?

**What concerns you about the wetting/soiling?**

* The emotional state and wellbeing of my child, the 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 sleep 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 me (parent) in some way.

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

* My child helping to get changed, following instructions from the parents, e.g., drinking more or less, stopping 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 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.

**How do you cope with the wetting/soiling?**

* We try to find solutions and cope with practicalities.
* We use punishment, show disappointment, reprimanding or withdraw privileges when they are wet or soiled.

**Slide 4**

**Exploring feelings about bladder and bowel issues**

Take time to click on the hyperlinks to explore others feelings about bladder and bowel issues including: family, siblings, education and other children. The group session will be a safe place to explore feelings.

**Through my eyes** -<https://eric.org.uk/resources/through-my-eyes-poem/>

**Issues your child may have in school** <https://youtu.be/QHBIjIsSjPI>

**Children's stories** <https://eric.org.uk/help-for-you/your-stories/>

**Young champions advice** <https://eric.org.uk/impact/young-champions/>

**Siblings also have feelings** <https://www.bbuk.org.uk/considering-the-impact-of-incontinence-on-siblings/>

**Incontinence has an impact on the families** <https://www.bbuk.org.uk/supporting-someone-with-incontinence-shining-a-light-on-the-impact-on-families/>

**Slide 5**

**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 diet without medical advice, support and guidance from a relevant medical specialist.

<https://www.nhs.uk/live-well/healthy-weight/childrens-weight/healthy-weight-children-advice-for-parents/>

<https://www.nhs.uk/healthier-families/>

<https://www.wcrf-uk.org/eat-move-learn/>

**Slide 6**

**Health Promotion advice – Fibre**

‘Eat a Rainbow every day’ is a good catch phrase for your child.

Promoting to eat 2 potions of fruit and 3 portions of vegetables in a day in all different colours.

Eating a range of fibre foods, called insoluble and soluble.

Insoluble fibre foods, adds bulk to poo- e.g., whole-wheat flour, wheat bran, nuts, beans, vegetables such as cauliflower, green beans and potatoes.

Soluble fibre foods, holds water in poo – e.g., oats, peas, beans, apple, citrus fruits, carrots, barley.

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

<https://www.nhs.uk/live-well/eat-well/5-a-day/portion-sizes/>

<https://www.nhs.uk/live-well/eat-well/digestive-health/how-to-get-more-fibre-into-your-diet/>

**Slide 7**

**‘Eatwell Guide’**

This policy tool is used to define government recommendations on eating healthy and achieving a balanced diet.

The guide shows portions sizes of food for either each meal, a full day, or even a full week of dietary intake to keep the body healthy.

The 5 food groups are:

* fruit and vegetables
* starchy carbohydrates
* protein foods
* dairy or alternatives
* fats and oils (snacks placed outside the circle)

The guide includes fluid recommending the 6-8 cups a day.

<https://www.nhs.uk/live-well/eat-well/food-guidelines-and-food-labels/the-eatwell-guide/>

**Slide 8**

**Potion sizes**

This slide explores what child portion sizes for food groups are and give additional guidance around fibre for the age of the child.

Understand portion sizes enables the correct balance of different types of food groups.

<https://www.nhs.uk/live-well/eat-well/5-a-day/portion-sizes/>

**Slide 9**

**Food supplements – Probiotics and Prebiotics**

In the UK, food supplements are required to be regulated as foods and are subject to the provisions of general food law. Probiotics and Prebiotics also come under this food supplement category.

Current thoughts about gut health: both Prebiotics and Probiotics are good for your gut, but help in different ways.

Prebiotics are a source of food for your gut’s healthy bacteria. These work in the 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.

<https://patient.info/digestive-health/irritable-bowel-syndrome-leaflet/probiotics-and-prebiotics>

<https://www.nhs.uk/conditions/probiotics/>

**Slide 10**

**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 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 everybody feels thirsty, but everybody needs fluid through the day.

<https://www.nutrition.org.uk/nutritional-information/hydration/>

<https://youtu.be/xlsvpZk1L2U?si=DhUeP9B25gDF5hDa>

**Slide 11**

**Recommended Daily Fluid intake**

The slides show average volumes of fluid recommendations for both children who can orally drink and for children who have their nutrition and fluids given entirely via an enteral tube.

Drinking the correct volume is just as important as not drinking excessively throughout the day not drinking high energy or caffeine drinks.

<https://www.nice.org.uk/guidance/cg99/chapter/Recommendations#diet-and-lifestyle>

**Slide 12**

**Urinary System**

This slide has links to two videos to help explain how the urinary system works.

Please take time to watch these with your child even if you child has been referred for bowel issues as it help gain a greater understanding.

<https://eric.org.uk/resources/how-your-urinary-system-works/>

<https://www.shinecharity.org.uk/bladder-and-bowel-care/how-does-your-bladder-work-an-animated-guide>

**Slide 13**

**Bladder : Developmental milestone information**

Understanding Bladder developmental and toilet training milestone both day and night.

**Daytime toilet training**

* 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.
* 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.
* If a child has started school 5 year old and still having lots of daytime accidents or still using nappies during the day talk to 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.

**Night time toilet training**

* Between the ages of 3 and 5 year olds, some children can stay dry throughout the night, they mostly stay asleep and wake up dry.
* Normal development to wake up in the night to pass urine to stay dry at night range between 5 -15 years old.
* Child who are wet at night have not learnt the skill to wake themselves up when needing to pass urine.
* It is advisable to seek support from child School Nurse from the age of 5 years old, if your child has bedwetting /Nocturnal Enuresis.

<https://www.nhs.uk/conditions/baby/babys-development/potty-training-and-bedwetting/how-to-potty-train/>

<https://hdftchildrenshealthservice.co.uk/ourservice/growing-healthy-0-19-gateshead/>

<https://www.bbuk.org.uk/wp-content/uploads/2020/09/Understanding-Bedwetting.pdf>

**Slide 14**

**Toilet Training: Developmental milestone information**

When starting toilet training introduce a routine which includes the child sitting on the 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 wraparound nappies.

Establish toilet routines early on for success e.g., when 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 can be bought in larger supermarkets in size junior/Xsmall/ 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 toileting.

<https://www.bbuk.org.uk/wp-content/uploads/2023/11/Supporting-Skill-Development-for-Toilet-Training-Best-Practice-Guidelines-for-Professionals.pdf>

**Slide 15**

**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)

1. **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

1. **Practice / Timed Toileting**

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

1. **Stop using nappies / Introducing 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.

<https://www.twinkl.co.uk/resources/twinkl-partnerships/down-syndrome-uk>

<https://eric.org.uk/potty-training/>

**Slide 16**

**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 colour
* The age of the child determines how much the 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 (age+1) x30ml
* It is normal development for a child of 12 years old to have an adult sized bladder, 390-500ml
* If your child remains dry at night, that first urine in the morning should be dark in colour.
* The amount of urine in the body produces decreases at night, therefore night time urination is between 0-1 times during a 6 - 8 hour sleep.
* Less than 4 or more than 8 weeks in the day need to be investigated

Bedwetting is renamed Primary Nocturnal Enuresis after 5 year old.

Secondary Nocturnal Enuresis is when a child has started to wet the bed during the night after been able to wake up and use the toilet and stay dry for over 6 months. If this occurs there is a need to be reviewed by GP, to explore possible reasons which could be constipation / urine infection / emotional issues.

**Slide 17**

**Pelvic floor advice**

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

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

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

<https://www.nice.org.uk/guidance/ng210>

<https://www.nhs.uk/common-health-questions/lifestyle/what-are-pelvic-floor-exercises/>

<https://www.nhs.uk/conditions/urinary-incontinence/10-ways-to-stop-leaks/>

**Slide 18**

**Digestive System**

This slide has links to two videos to help explain how the Digestive system works.

Please take time to watch these with your child even if you child has been referred for urine issues as it help gain a greater understanding.

<https://www.youtube.com/watch?v=mi-fTVZ4Kns>

<https://gikids.org/constipation/>

**Slide 19**

**Some interesting information about bowels**

* 1 month old infants who bottle feeds have an average 4 to 5 poos per day.
* 1 month old infants who breast feeds has average 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 old 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 children 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 on the child diet, fluid intake and activity.
* Normal poo type can range from 3-5 on the Bristol Stool chart.
* 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 only lasts 20 mins before disappearing.

**Slide 20**

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

* Doing less than three complete poos per week.
* Doing large, infrequent poos that can block the toilet.
* Poo is like ‘rabbit droppings’ (type1) or hard/ large poos (type 2/3).
* Overflow, soiling, faecal incontinence day or night (type 6/7).
* Child 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 still in rectum after sitting on toilet.
* Anal pain when passing a bowel movement.

**Slide 21**

**Other symptoms that may suggest constipation**

These include:

* 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 to wear a nappy to poo into.

**Slide 22**

**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.

The rectum becomes full of liquid poo higher from the colon passing through the hard poo, leaking around the retained all poo in the rectum and overflows out of the rectum without any awareness.

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

**Slide 23**

**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 developmental disability (may need aids to help achieve the skill)

**Interoception/ sensory**

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

**Encopresis**

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

<https://eric.org.uk/interoception-and-toileting/>

**Slide 24 &25**

**REFLECTION – Wee & Poo**

Things make it worse for a month or 2 before we start to see improvements by increasing fluids carry out a disimpaction of the bowel.

More urine accidents can occur before improvement is seen, when first taken off nappies for a month or two.

It takes time for the bladder to grow, every wet night resulted in a small growth of the bladder size until which age-appropriate volume.

It takes a long time for the rectum to go back to age appropriate size child to go into the rectum.

It take time to get the bladder & bowel to behave and the person to develop helpful strategies and habits to resolve wetting and constipation.

Bowel medication to continue for 6-12 months after constipation fully resolved with continuing monitoring of bowel habits.

If any blood seen in poo - seek medical advice.

**Slide 26 & 27**

**Bladder and Bowel UK and ERIC websites**

There is support to guide you through your journey.

The two charity websites have lots of additional information and resources.

The websites have many videos, podcasts alongside a library of written information about many different bladder and bowel topics including pathways, assessment, charts and health care plans templates to help you develop your own child plan before attending your child appointment.

Both websites can be translated into preferred language using internet

ERIC website also has a page <https://eric.org.uk/information-in-other-languages/>

<https://eric.org.uk/helpline/>

<https://eric.org.uk/podcast/>

**Slide 28**

**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 to complete an assessment, provide advice and discussed 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 initial bladder and bowel care

**Mental Health support** **worker** - Work in school and colleges supporting young people with moderate mental health needs with individual students or group sessions

**Gateshead Autism Hubs** – offer drop in and private Facebook group to anyone with an interest in autism and have free resources. Child does not need a diagnosis to access this information

<https://www.nenc-healthiertogether.nhs.uk/parentscarers/medicine-children/pill-swallowing-kidzmed>

<https://hdftchildrenshealthservice.co.uk/ourservice/growing-healthy-0-19-gateshead/>

<https://gateshead-localoffer.org/school-nurses/>

<https://rise.childrenssociety.org.uk/>

<https://www.gateshead.gov.uk/article/3896/Gateshead-Autism-Hubs>

**Slide 29**

**Access toilets in community**

<https://www.changing-places.org/>

<https://www.bbuk.org.uk/just-cant-wait-cards/>

<https://www.bladderandbowel.org/free-just-cant-wait-card/>

<https://www.radarkey.org/>

<https://play.google.com/store/apps/details?id=com.bto.toilet&hl=en_GB&gl=US&pli=1>

<https://play.google.com/store/apps/details?id=sfcapital.publictoiletinsouthaustralia&hl=en_GB&gl=US>

<https://apps.apple.com/gb/app/flush-toilet-finder-map/id955254528>

**Slide 30**

**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.

<https://www.gatesheadhealth.nhs.uk/services/childrens/bladder-bowel-children/>

**Slide 31**

**Child individual Health Care Plan - where to begin**

Bring plan and charts to the initial level 2 information session.

Both ERIC and Bladder and Bowel UK websites have template in order to facilitate this process that are free to download.

<https://eric.org.uk/individual-healthcare-plan>

<https://www.bbuk.org.uk/wp-content/uploads/2022/09/Sample-care-plan-for-schools-2022-paediatric-Bladder-Bowel-UK.pdf>

**Slide 32**

**Charts**

Chart as much real time information as you can for both bowel and bladder for 1-2 weeks.

Charts need to be accurate.

* Current drinking routines and fluid volumes
* Current urine frequency, bladder capacity and colour of urine
* Current bowel habits and bowel speed
* your child’s bladder and bowel activity for a 2 week period is very useful to bring to the group session, this gives real time information in order to discuss further in the group session.

<https://urapp.org.uk/>

<https://play.google.com/store/apps/details?id=com.appstronautstudios.pooplog&hl=en_GB>

**Slide 33**

**Measuring bladder capacity**

* When urgently need to pass urine (after 1st wee of the day) wee into a jug and record results
* The repeat 2-3 times in the day to get a better volume and record 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

**Slide 34**

**Record HYDRATION using WEE CHECKER**

**Wee checker colour**

1/2/3 is an indication of good hydration during the day.

4/5/6/7 is an indication of dehydration during the day.

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.

**Slide 35**

**Recording poo types, size and odour**

The slide shows picture of ‘The Bristol Stool Chart’ with numbers from 1-7.

Description of size from a small pebble –Small-Medium –Large- Massive to a poo larger than adult poo that could block the toilet.

Description of the poo odour, from a normal expected poo smell, very offensive smell to a poo odour that is unable to be removed despite washing clothes and skin.

Description of the colour of poo, ranging from Black, Dark brown, Light brown, Red (blood on poo).

Description of consistency including, Thick poo, Hard to wipe from the skin and Visual Mucus.

**Slide 36**

**Testing your child’s bowel speed with food**

This slide has a link describing how to assess your child bowel speed.

The slide gives alternative foods which could be used to carry out this assessment.

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

<https://eric.org.uk/how-fast-are-your-bowels-take-the-sweetcorn-test-to-find-out/?gclid=EAIaIQobChMIpuOOir7IgQMVD8HtCh3Y6gAuEAAYASAAEgLYdvD_BwE>

**Slide 37**

**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.

<https://www.nhs.uk/medicines/oxybutynin/>

<https://www.nhs.uk/medicines/tolterodine/>

<https://www.medicinesforchildren.org.uk/medicines/desmopressin-for-bedwetting/>

**Slide 38**

**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.

<https://www.medicinesforchildren.org.uk/medicines/movicol-for-constipation/>

<https://www.medicinesforchildren.org.uk/medicines/lactulose-for-constipation/>

<https://www.medicinesforchildren.org.uk/medicines/sodium-picosulfate-for-constipation/>

<https://www.medicinesforchildren.org.uk/medicines/senna-for-constipation/>

<https://www.nhs.uk/medicines/bisacodyl/>

<https://www.nhs.uk/medicines/docusate/>

**Slide 39**

**Disimpaction dose of Macrogol**

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

<https://www.gatesheadhealth.nhs.uk/services/bladder-bowel-children/looking-after-your-bowels__trashed/>

<https://eric.org.uk/how-to-use-macrogol-laxatives/>

**Slide 40**

**How to drink Macrogol**

* If your child complains about the salt taste
  + Try mixing the macrogol earlier and chill it in the fridge – it will last 6 hours after mixing (Laxido) or 24 hours (CosmoCol and Movicol).
* Try a flavoured macrogol
  + Movicol Chocolate, Laxido Orange, CosmoCol orange and lemon/lime.
* Try making macrogol ice lollies
  + Mixing the mixed macrogol 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 macrogol water to milk
  + Pouring it on the child’s breakfast cereal, make milkshake. DO NOT add Macrogol to boiling water DO NOT cook with Macrogol

<https://eric.org.uk/how-to-use-macrogol-laxatives/>

**Slide 41**

**How to Swallow Tablets**

Swallowing tablets is promoted for the following reasons:

**Children**

* Swallowing pills is an important life skill for children to learn
* they are less sickly
* they contain less sugar
* there is more choice
* children tend to have less problems taking their medicines.

**Carers**:

* they have a longer shelf-life
* do not need to be kept in a fridge
* easier to carry around, less messy
* More readily available

**Pharmacists:**

* they are more commonly available compared to suspensions

<https://youtu.be/XwiuU-k2FIM?si=K24HrT6fdC0DFLXG>

<https://www.youtube.com/watch?v=XwiuU-k2FIM>

**Slide 42**

**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

**Slide 43**

**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
16. Cough
17. Laugh
18. Blow
19. GP Physical examination

**Slide 44**

**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. Have1-2 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 id 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

**Slide 45**

**Some ideas for a urine night time 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

**Slide 46**

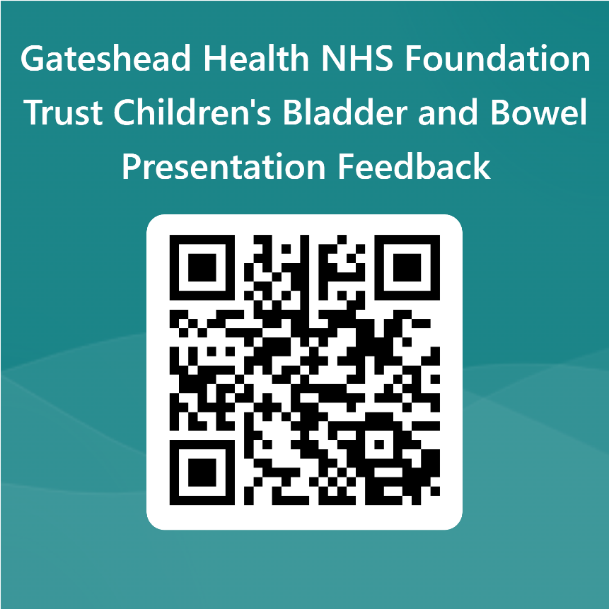
**References and Informative Websites**

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

**Slide 47**

Please take time to complete this feedback form for us to continue to improve our resources



**Slide 48**

**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](mailto: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

**Slide 49**

**Data Protection**

Any personal information is kept confidential. There may be occasions where your information needs to be shared with other care professionals to ensure you receive the best care possible.

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.

Further information is available via Gateshead Health NHS Foundation Trust website (Privacy - QE Gateshead) or by contacting the Data Protection Officer by telephone on 0191 445 8418 or by email [ghnt.ig.team@nhs.net](mailto:ghnt.ig.team@nhs.net)

Bladder and Bowel

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