Standard Operating Procedure for Children’s Continence
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1. **Aim**

To promote continence for children and young people with continence problems who are in full time education in mainstream / moderate learning disabilities / severe learning disabilities and physical disabilities schools and who live within the Doncaster Metropolitan Borough and children who are home educated.

2. **Scope**

To provide a comprehensive continence assessment and an individual Care Plan for children / young people with urinary and / or faecal incontinence.

For children / young people with continence problems who do not respond to other treatment methods we will offer a full assessment for the provision of continence aids and products.

To provide a dedicated Nurse Led Community Continence Service for children / young people age 4 - 19 years.

3. **Link to Over-Arching Policy**

This procedure links to the Continence Policy:


4. **Procedure**

4.1 **Procedure - Pre-School**

- Children with continence problems may be identified prior to school entry via liaison with Health Visitor and School Nursing Service colleagues.

- Members of the Health Visitor and School Nursing Service should refer a child to the Continence Service once he / she reaches the age of 4 years if a Continence assessment is required. The referral form to the Children’s Continence Service should be completed and if possible a joint visit arranged to introduce the Children’s Continence Nurse Specialist to the child and family.

- Advice regarding nocturnal enuresis should be given by the School Nurse and Health Visitor Team and documented on the child’s health record.

4.2 **Procedure - School Entry Aged 4 to 5 Years**

- Children may be identified from the reception health questionnaire or by referral from school to the School Nurse because of enuresis / continence problems.

- The School Nurse will offer general advice and support to the child and family e.g. diet, fluid intake, hygiene and regular toileting. If the child is constipated the parent should be advised to seek advice in the first instance from their GP.
• For nocturnal enuresis the School Nurse can offer helpful advice by issuing the DCIS Enuresis Information leaflet.

• The School Nurse Team should advise parents that a referral can be made to the Nurse Led Children’s Continence Service once the child is in Year 2 and approaching their 6½ birthday for their nocturnal enuresis problems.

• Children who present with daytime continence problems in the absence of defects of the nervous system or urinary system will be reviewed by the School Nurse in 6 months. If the child continues to have daytime symptoms a referral to the Doctor-Led Enuresis Clinic will be discussed with the parents.

• For children with delayed development, medical or neurological conditions resulting in incontinence a Referral to the Children’s Continence Service form should be completed with the parents’ consent and forwarded / tasked to the Children’s Continence Service at Cantley Health Centre. If a referral is completed the parents should be advised that an appointment will be arranged for a home visit / clinic appointment by the Children’s Continence Nurse Specialist to carry out a continence assessment. The assessment will take approximately 1 hour to complete.

• The health professional will give their contact details to families not requiring referral at this stage.

4.3 Year 1 - Age 5 to 6 Years

• For children with nocturnal enuresis previous advice can be reinforced.

• If further help is required the use of star charts and reward programmes can be discussed. Star charts should only be used for a short period and should focus on achievable goals.

• If extra support is required by the School Nurse, the Children’s Continence Nurse Specialists can be contacted for advice.

• Children with incontinence – See Criteria for referral to the Children’s Continence Service or contact the Children’s Continence Nurses to discuss the most appropriate service for the child / young person.

4.4 Year 2 - Age 6 to 7 Years

• For children with nocturnal enuresis the School Nurse will contact the parent and child and complete a referral form if the family wish to attend the Community Nurse Led Children’s Continence Clinic. The completed form will be sent to Children’s Continence Service at Cantley Health Centre.

• Children with incontinence (other than nocturnal enuresis) should be referred to the Children’s Continence Service at Cantley Health Centre as above.

4.5 Other Years Primary and Secondary

• Any child with nocturnal enuresis or with continence problems should be
referred, with parental consent, to the Nurse Led Community Continence Service as above.

- The School Nursing Service can contact the Children’s Continence Nurse Specialists at any time to discuss individual cases or referrals.

### 4.6 Criteria for Referral

**Criteria for Referral to Children’s Continence**

- Pre-school children remain the responsibility of the Health Visitor Team and at 4 years old a referral can be made to the Children’s Continence Service.

- Children who live in the Doncaster Metropolitan Borough, or are registered with a Doncaster GP.

- Children age 4+ years who have not achieved bladder or bowel continence due to acquired or congenital abnormality, which may be associated with physical disability or delayed development and / or mild to moderate learning disabilities.

- Children who attend mainstream schools. Children at Moderate / Severe Learning Disability Schools or Heatherwood School will be assessed by the School Nurses for their school with support from the Children’s Continence Service.

- Children under the care of Paediatric Services for specific conditions resulting in incontinence may be referred to the service by the Consultant or other health professional.

- If parents consent, a referral should be sent to the Nurse Led Community Children’s Continence Service at Cantley Health Centre using the referral form.

- School Nurse contact details should be given to families not requiring referral at this stage.

- If the child is already on the Active Caseload, it may be appropriate for a member of the School Nurse Team to accompany the Continence Nurse Specialist on the first visit to introduce her to the child and family.

- Referrals will be accepted with parental permission from health, education, social care and parental / carer self-referral.

### 4.7 Criteria for Referral to Nurse Led Community Continence Service (Nocturnal Enuresis)

- Children who live in or attend schools within the Doncaster Metropolitan Borough

- Any child in Year 2 or above with nocturnal enuresis should be referred to the Nurse Led Clinic after obtaining consent from the parent / carer.

- Referral Form should be completed with the parent and sent to the Children’s
4.8 Criteria for Referral to Consultant Paediatrician

- Children who have been assessed by the Children’s Continence Nurse Specialist and require a medical assessment for symptoms of urgency / frequency / daytime wetting due to possible unstable bladder requiring an ultrasound or medication.
- Children who have longstanding continence issues which have not responded to treatment and require further investigation.
- Children with complex physical / emotional conditions.
- Any child where medical problems are suspected.

4.9 Children’s Continence Nurse Specialist Input Following Referral.

- All referrals will be registered on SystmOne in order of receipt and seen at the next available appointment.
- Any inappropriate referrals will be forwarded to the relevant service and the referrer informed.
- The Children’s Continence Nurse Specialist will contact the parent / carer by letter to offer an appointment for a home visit / or clinic appointment to carry out a holistic continence assessment. If there are concerns for lone workers carrying out a home visit, the initial assessment may be undertaken in school or other community setting.
- Children will be offered an hour’s initial appointment at home or in a choice of clinics:
  
  Bentley Children’s Centre  
  Moorends Orchard Centre  
  Cantley Health Centre  
  Denaby Springwell Centre  
  Balby Children’s Centre  
  Sandringham Health Centre  
- The assessment will be completed with the child and parent / carer. Consent will be obtained from the parent / carer to access additional relevant information about the child from the Hospital Consultant or other agency involved.
- In the case of children and young people who are assessed as being Fraser Competent, they will be able to consent to their own care.
- The Children’s Continence Nurse Specialists will work in conjunction with the School Nurse / Hospital Consultant / other agencies to provide continuity of care for the child / family.
• A treatment plan will be agreed with the child / parent / carer at the initial assessment and contact details will be given to the parent / carer. A review date will be arranged for a follow-up appointment / telephone contact.

• All children will be reviewed initially on a 4 weekly basis. Review appointments will be determined by the progress made by each child. All children will be seen at least once annually.

• For children with continence problems that do not respond to other treatment methods an assessment will be completed for the provision of continence aids and products.

• The requisition form for products will be forwarded to the Continence Health Advisory Service at Cantley Health Centre for logging onto the Tena Home Delivery system. If required, a clinical waste bin may be requested via Environmental Health by the parent / carer.

• Children will be discharged from the service when they become dry / continent or fail to keep the initial appointment, or if they do not attend 2 consecutive review appointments without contacting the service. The referrer will be informed of this and further intervention will be undertaken as appropriate to the individual child as per the Policy Regarding No Access / Non Attendance and families who disengage with Services.

• On discharge from the Children’s Continence Service families will be advised to make direct contact again in the event of any problems.

• Young adults who have not achieved continence will be transferred to the Continence Health Advisory Service once they are 19 years old.

5. Definitions

Incontinence has been defined as “The involuntary or inappropriate passing of urine and / or faeces that has an impact on social functioning or hygiene. It also includes nocturnal enuresis (bedwetting). (DOH 2000)

Enuresis is defined as “The involuntary discharge of urine by day or by night or by both in a child aged 5 years or older in the absence of acquired defects in the nervous system or urinary tract” Forsyth and Butler (1998)

Constipation in children has been defined as the difficulty, delay or pain or defecation without necessarily implying that the stools are hard (Buchanan 1992).

Soiling is “The involuntary passage of stool into the child’s underwear as a direct result of chronic constipation” (Clayden 1992)

Encopresis is “The passage of a normal stool in socially inappropriate places (including clothing)” (Clayden and Agnarsson 1991)

Prevalence
10% of children suffer from constipation (Leung, Chan, Cho 1996)

• At 4 years of age 3% have faecal incontinence at least once per week
At 7 years of age 1.5% have faecal incontinence at least once per week. More boys than girls are affected and there is no social class difference.

6. References


CQC Fundamental Standards. http://www.cqc.org.uk/content/fundamental-standards


NICE Clinical Guideline 99 Constipation in Children and Young People (2010)
http://www.nice.org.uk/guidance/cg99

NICE Clinical Guideline 111 Nocturnal Enuresis: The management of bedwetting in children and young people
http://www.nice.org.uk/guidance/cg111

NICE Quality Standard 70: Nocturnal enuresis (bedwetting) in children and young people.
http://www.nice.org.uk/guidance/qs70