## Standard Operating Procedure for Children’s Continence and Enuresis

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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.

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 Enuresis Service for children / young people age 6¾ – 16+ years who have nocturnal enuresis which is not due to any neurological or physiological condition.

3. **LINK TO OVERARCHING POLICY**

This procedure does not link directly to an overarching policy but it would be expected that implementation would be undertaken in accordance with other relevant Trusts procedural documents.

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 or during joint nursery visits.

- 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 hints by issuing the DCIS Enuresis Information leaflet. (Appendix PCT091 Nurse-Led Enuresis Service A5 leaflet)

The School Nurse Team should advise parents that a referral can be made to the Nurse Led Enuresis Service once the child is in Year 2 and approaching their 7th birthday.

Children who present with day time 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. If the parents consent, a referral should be made to the Doctor Led Enuresis Clinic using Form DP 1907. The completed referral form should be sent to the Continence secretary at the Children’s hospital at DRI. An appointment will be sent to the parents to attend the clinic at DRI.

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 to the Children’s Continence secretary at Holly Bush Health Centre. If a referral is completed the parents should be advised that an appointment will be arranged for a home visit by the Children’s Continence Nurse Specialist to carry out a continence assessment. The assessment will take approximately 1 hour to complete.

The Integrated Community Health Team contact details should be given 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

Children on the Active Caseload where enuresis has been identified will be reviewed by the Integrated Community Health Team a member of the team will contact the parents to enquire if the child is still enuretic and requires further intervention.

Children who no longer have enuresis should be taken off the active caseload and the School Nurse contact details given to the parent for future reference.
For children with enuresis the School Nurse will contact the parent and child and complete Form DP1907 if the family wish to attend the Enuresis Clinic. The completed form will be sent to the Enuresis Secretary at DRI. The commitment required for attendance at the Enuresis Clinic and compliance with treatment programmes should be explained to the child and parent (Appendix Form DP1907)

Contact details should be given to families not requiring referral at this stage.

Children with incontinence (other than Nocturnal Enuresis) should be referred to the Children’s Continence Service at Holly Bush Health Centre as above.

4.5 Other Years Primary and Secondary

Any child with nocturnal enuresis with or without daytime symptoms should be referred, with parental consent, to the Enuresis Clinic as above. If any child with a continence problem is identified to the School Nurse, the parents should be contacted and referred to the Children’s Continence Service with parental consent.

The Integrated Community Health Team 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 GP who is contracted to the Community Urology & Bowel Health Service in Doncaster.

Children age 4+ years in full time school 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 or Moderate Learning disabilities schools. Children at Severe Learning Disability School 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.

If parents consent, a referral should be sent to the Children’s Continence secretary at Holly Bush Health Centre using the referral form (Appendix)

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.
4.7 Criteria for Referral to Enuresis Nurse Specialist Clinic

- 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 Enuresis secretary at Doncaster Children’s Hospital

4.8 Criteria for Referral to Doctor Led Enuresis Clinic

- Any child age 5 years or above with daytime problems.
- A child seen in reception who has daytime problems should be re-assessed in 6 months and referred if symptoms persist after the 5th birthday.
- Any child with nocturnal enuresis / daytime urinary symptoms and associated bowel problems should be referred using the referral form.
- Any child with contributory psychological problems should be referred for assessment.
- Any child where medical problems are suspected.

4.9 Input Following Referral

The School Nurse may at times be asked to contact parents e.g. to collect alarms and return to the Enuresis Clinic at DRI.

4.10 Enuresis Nurse Specialist Input Following Referral

- All referrals will be logged in order of receipt and seen within a 6 week period
- Children will be offered an hour’s initial appointment at DRI, Mexborough Montagu Hospital, Bentley Clinic or Community Clinic
- A treatment plan will be agreed with the child / parent 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 and the child will be seen regularly in the clinic
- The referrer will be notified by letter after the initial assessment at hospital clinics, a change of treatment and at discharge. A copy will be forwarded to the GP / School Nurse and to Child Health for filing in the child's health record
- Children will be discharged from the service when they become dry, fail to keep the initial appointment, or if they do not attend 2 consecutive review appointments without contacting the service. The School Nurse will be informed of this and a joint assessment will be made as per the Policy Regarding No Access / Non Attendance and Families Who Disengage with Services. The School Nurse will be asked to retrieve any outstanding enuresis alarms.
On discharge from the Enuresis Clinic families will be advised to make direct contact again in the event of any problems.

All documentation relating to the child will be written in the hospital notes and stored in the Medical Records Department at DRI for hospital based clinics. Community Clinics will use System One / TPP.

4.11 Children’s Continence Nurse Specialist Input Following Referral

All referrals will be logged in order of receipt and allocated.

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 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.

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 at the initial assessment and contact details will be given to the parent / carer. A review date will be arranged for a follow-up visit / telephone contact.

All children will be reviewed at least once per annum, more frequent reviews may be necessary to monitor the treatment plan for individual children.

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. Written information about the Home Delivery Service will be given to the parent / carer.

The requisition form for products will be forwarded to the Community Urology and Bowel Health Service at Holly Bush for logging onto the Tena Home Delivery system. If required, a clinical waste bin may be requested via Environmental Health by the parent / carer.

The referrer will be notified via TPP task or by letter after the initial assessment, a change of treatment and at discharge. A copy will be forwarded to the GP / School Nurse and to Child Health for filing in the child’s health record.
• An individual record will be completed for each child. All documentation relating to the child will be filed with the paper record and stored alphabetically in a locked filing cabinet. The child’s details will be added to the Children’s Continence caseload on System One.

• Children will be discharged from the service when they achieve continence or when they leave full time education. Young adults will be transferred to the Adult Continence Service once they leave school.
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 Essential Standards


DOH (2006) Our health, our care, our say


National Service Framework for Children, Young People and Families


NICE Clinical Guideline 99 Constipation in Children and Young People (2010)

NICE Clinical Guideline 111 Nocturnal Enuresis: The management of bedwetting in children and young people

NICE Clinical Guideline 30: Paediatric Continence Services Commissioning guide

NICE Commissioning and Benchmarking Tool Paediatric Continence Services