

Handy guide to toilet training and guide to promote healthy bladder and bowels



A guide for Health Visitors , Public Health Nurses and Community Nursery Nurses.



with you, for you



Gloucestershire Health and Care
NHS Foundation Trust

Are You Ready?



Are you able to prioritise the time? Its good to have a quieter time where you may be at home more to give your child time to support toileting.



Read story books on toilet training and/or apps with your child so they are aware of what to do, also keep it fun, you may want to think of a reward system that works for you and your child.



Is your toilet suitable? Is it welcoming? What equipment works best for you?
Do you need a toilet seat and step or do you want to try a potty or both?



Keep all equipment for toileting in your bathroom so your child sees that toileting happens in a bathroom.



(Please see guide on sitting positions). Consider referral to OT for children who may need additional equipment.



Pull ups vs pants vs nappies? Pull ups are just like a nappy they are just a different shape. Using nappies/pull ups could cause confusion and prolong the process unnecessarily.



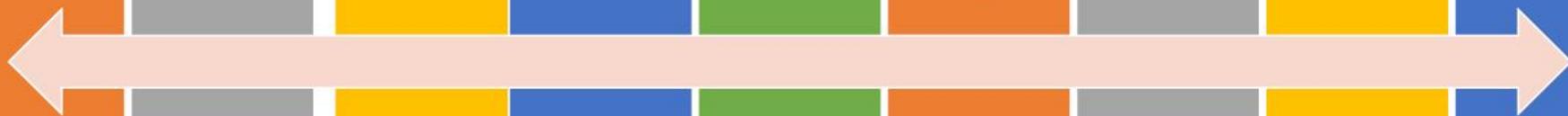
Pants will become wet so be prepared for accidents....they will happen!
Have lots of spare pairs of pants.



You need to have clothes for your child that they are able to pull up and down easily.



Be consistent



Signs that I'm ready to start to toilet training



Is your child Aware of wees and poos?



Do they have a regular working bowel with no signs of constipation?



Do they eat a good balanced diet and drink plenty of fluids to keep their bowels and bladder working well?



Have you noticed that they are able to hold their bladder for several hours, with dry nappies or pants

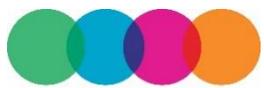


Can your child manage their own clothes and dressing when they use the toilet? If not you can begin to practice this



Can your child manage to wipe themselves? This may take time and lots of practice so its good to start encouraging self care skills like Washing their hands and flushing the toilet.





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Building A routine



Adult led

Avoid saying 'do you need the potty/toilet?'
Say 'it's time to use the potty' every 2 hours



Child to sit on toilet or potty for a minute of their age



Have a selection of toys or books within the bathroom to keep child occupied when sat on toilet/potty



Stay with your child when they are sat on the toilet/potty...talk to them, sing to them



Boys to be sat on toilet as they are not yet aware that they need to empty their bowels



Remember to reward each step however small, keep it positive and be aware of how you are feeling. Have realistic expectations- your child is learning a new skill so this may take time.

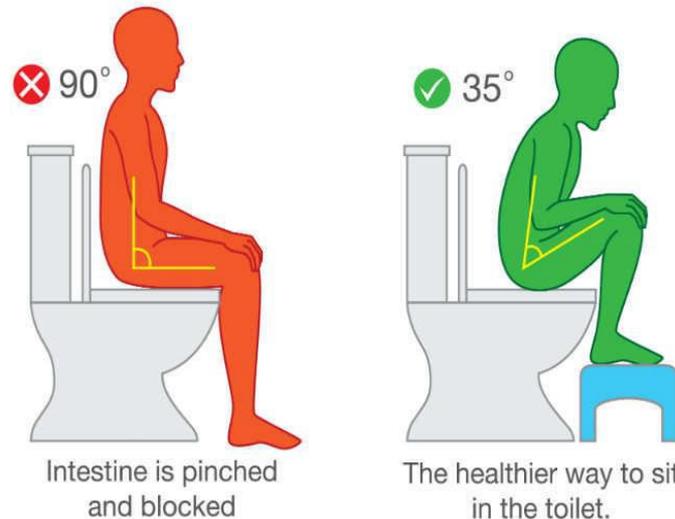


Correct way to sit on the toilet

Children need to feel secure when they are sat on the toilet.

- Their feet need to be secure on the ground or step.
- Their knees need to be higher than hips or semi-squat.
- Leaning forward with their elbows resting on their knees.
- Things to watch out for:

If a child is leaning back, child could be stool withholding.



Keep the fluids up...to keep the bladder full

- Water is best
- Minimum 6- 8 glasses a day
<https://www.nhs.uk/news/food-and-diet/six-to-eight-glasses-of-water-still-best/>
- Keep water available throughout the day
- Avoid fluids with caffeine in such as tea, coffee, fizzy drinks and limit milk to 2-3 small cups a day.
- Eat 5 portion of fruit and vegetables
<https://www.nhs.uk/change4life/food-facts/five-a-day>
- Watery fibre may be good for some children such as cucumber, watermelon, melon

Drinks to encourage	Drinks to avoid
 <p>Water base drinks</p>  Water is Gold standard  Milk <p>Sugar free very diluted squash</p>	 <p>Fizzy drinks</p>  <p>Caffeine</p>  <p>Red juices</p> 

Eat a balanced diet

Having a balanced diet that includes fibre from fruit, vegetables, cereals (like oats, wheat and bran) and wholemeal bread keeps the bowel healthy.

Fibre helps to retain fluid in the poo and will keep it soft and easier to push out.

- Include a variety of high-fibre foods in the family's diet such as wholemeal/granary bread, fruit and vegetables.
- Include dried/canned fruit in natural juice, fresh fruit eaten with the skin on as well as vegetables, particularly beans, peas, sweetcorn and pulses such as lentils.
- Choose a higher-fibre breakfast cereal such as Weetabix or plain shredded wheat, or porridge.
- 2 to 5 year olds need around 15g of fibre a day.
- <https://www.nhs.uk/live-well/eat-well/the-eatwell-guide/>

Keep active

Exercise sends blood to the gastrointestinal tract which helps move food waste through the bowels quickly and easily.

Running around and playing will help keep the bowels healthy. Aim for 30 minutes of activity a day.

Lack of physical activity can cause your child's bowel to become sluggish and lead to constipation.

Bowels: what is normal?

- Always refer to Bristol Stool Scale to identify stool type
- Check how often stools are passed per day/week . Use Bowel chart on N drive to record for 2 weeks and complete on S1 continence template
- Consider Size; large, med, small
- Does child experience pain or distress on passing stool .
- Record where Stool is passed ;toilet, nappy, pants
- Pants: clean or soiled , if soiled how often ?
- Note any current Medication

Normal is: type 4

3 times a day to 4 times a week

THE BRISTOL STOOL FORM SCALE

<i>Type 1</i>		Separate hard lumps, like nuts (hard to pass)
<i>Type 2</i>		Sausage-shaped but lumpy
<i>Type 3</i>		Like a sausage but with cracks on its surface
<i>Type 4</i>		Like a sausage or snake, smooth and soft
<i>Type 5</i>		Soft blobs with clear-cut edges (passed easily)
<i>Type 6</i>		Fluffy pieces with ragged edges, a mushy stool
<i>Type 7</i>		Watery, no solid pieces ENTIRELY LIQUID



Symptoms of constipation in children

- Does the child have a bowel movement fewer than 3 times a week?
- Does the child pass large hard stools ?
- Does the child pass rabbit droppings type 1?
- Have you noticed any soiling ?
- Does the child have a poor appetite that improves after passing a stool ?
- Does the child experience abdominal pain that comes and goes with the passage of stool ?
- Is there evidence of retentive posturing , straight legged , tiptoed , back arched ?
- Does the child have anal pain? Bleeding? Cracks or tears?
- 2 or more yes answers indicate Constipation
- History taking - <https://www.nice.org.uk/guidance/cg99>

Other indicators of Constipation :

- regular and foul-smelling wind
- foul-smelling stools
- a painful tummy or bottom
- a distended (i.e. swollen or bloated) tummy
- lack of energy
- unhappy, angry or irritable mood
- day or night time wetting
- urinary tract infection

What is soiling ?

- Severe constipation can cause *faecal impaction* – when a very big poo or build-up of poo gets stuck in the rectum, the lowest part of the bowel.
- Faecal impaction causes the rectum to stretch and the sensation of needing the toilet is reduced. When stretched, the rectum becomes floppy, making it more difficult to pass a large poo.
- Impaction can lead to faecal soiling or overflow, where small bits of poo break off into the child's pants or soft, sometimes runny poo leaks around the large blocked mass in the rectum. Soiling is often mistaken by parents for diarrhoea.
- A child who soils shouldn't be seen as lazy; they have no control over it, can't feel it and often don't smell it either.
- Refer to links below for advice to explaining soiling and treatment

- <https://www.eric.org.uk/signs-of-constipation>
- <https://www.youtube.com/watch?v=9WqxJqLmKao>

Treatment for Constipation NICE Guidelines CG99

<https://www.nice.org.uk/guidance/cg99>

Refer to GP for treatment – Letter on N drive

Recommended dose for ongoing maintenance of chronic constipation and prevention of faecal impaction

- Child under 1 year: ½–1 sachet daily (non-BNFC recommended dose)
- Child 1–6 years: 1 sachet daily; adjust dose to produce regular soft stools (maximum 4 sachets daily) (for children under 2, non-BNFC recommended dose)
- Child 6–12 years: 2 sachets daily; adjust dose to produce regular soft stools (maximum 4 sachets daily)

Treatment for faecal impaction with Soiling.

NICE Guidelines CG99 <https://www.nice.org.uk/guidance/cg99>

Refer to GP for treatment – Letter on N drive

Paediatric formula: Oral powder: macrogol 3350 (polyethylene glycol 3350) 6.563 g;
sodium bicarbonate 89.3 mg; sodium chloride 175.4 mg; potassium chloride 25.1
mg/sachet (unflavoured)

Disimpaction

- Child under 1 year: ½–1 sachet daily (non-BNFC recommended dose)
- Child 1–5 years: 2 sachets on 1st day, then 4 sachets daily for 2 days, then 6 sachets daily for 2 days, then 8 sachets daily (non-BNFC recommended dose)
- Child 5–12 years: 4 sachets on 1st day, then increased in steps of 2 sachets daily to maximum of 12 sachets daily (non-BNFC recommended dose)

Preparation and tips for using Macrogols

Preparation

- Macrogol laxatives work by 'binding with' water and delivering it to the large bowel. It is essential therefore to mix it with the correct amount of water or it will not work!
- Paediatric sachets should be mixed with at least 63mls water PER SACHET
- Adult sachets should be mixed with at least 125mls water PER SACHET
- Stir powder in the water until the water is clear .
- Macrogol treatment can be adjusted to each individuals bowel pattern and to achieve stool type 4.

Tips

- Formula fed babies. Mix the macrogol with 63mls previously boiled water per sachet. Top up to the right volume of water for the baby's feed and add the formula powder. Mix well.
- If your child does not like the 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 e.g. Movicol Chocolate, Orange/lemon/lime (ERIC 2018)
- Macrogols can also be used in food preparation such as jelly or custard
- Try salty snack before drinking to desensitise tongue to salty taste

Understanding toilet refusal – the child who will only poo in a nappy. A behavioural approach .(Rogers 2009)

Please refer to this leaflet. Leaflet can be found at:

N:\Children Young People & Maternity\Continence\0-5 HV resources

Understanding toilet refusal – the child who will only poo in a nappy

Information for families

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When to refer to the GP

Sometimes when things don't go to plan there can be a medical reason so it is always good practice to refer to the GP for ongoing issues such as :

- For treatment of constipation and soiling – medication may need to be prescribed by the GP- see previous information on constipation.
- N:\Children Young People & Maternity\Continence\Continence letters\Letters\Macrogol treatment HV to GP Constipation Letter.doc
- Suspected Urinary Tract Infection – Urine needs to be tested and if infection is detected then medication will need to be prescribed by GP.
- Stool withholding – if ongoing could lead to constipation and impaction. Would also need to be assessed by GP to ensure no physical/medical reason for the child to be withholding.
- Pooing in the nappy – may need further investigation as amongst other things, could be an indicator of constipation (overflow)

When and how to refer to the bladder and bowel service

- Refer to pathway for PHN SEND Toilet Training Pathway N:\Children Young People & Maternity\Continence
- Complete Continence Templates on system1; including baseline assessment of bowel function and fluid input/output and Toilet training skills assessment on Continence template S1 . These need to be completed over 3 separate visits, leaving enough time between dates to allow progress to be made.
- If the Child is over the age of 4 years and is not progressing with their toilet training skills or the assessment indicates that the Child has no potential for toilet training at this time complete the referral form on System 1 under UP template and use the covering letter provided.

For advice and guidance or to discuss a referral contact the bladder and bowel service by email Email: ghn-tr.cyp.continenceteam@nhs.net

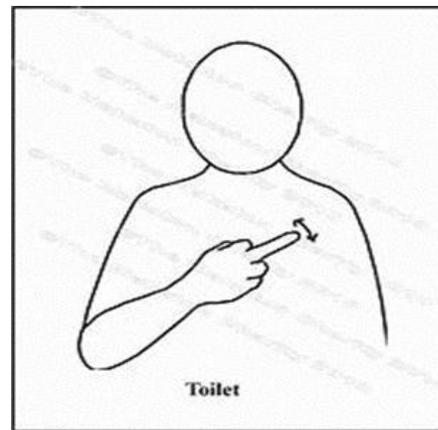
Telephone: [0300 422 5308](tel:03004225308)

Children with additional needs : things to consider before you start;

- Give parents realistic expectations that toilet training may take time but with a healthy bladder and bowel toilet training is attainable
- Complete Toileting skills template on s1
- Depending on your child's mobility, posture and balance you may need to discuss with Occupational Therapy. They may be able to help with suitable equipment.
- You may have to make adjustment to your bathroom for children with sensory needs as they may struggle with bright light, noises and sensory feelings within toileting.
- If your child attends a day care setting they will need an individual plan, this may be part of their My Plan.

Additional needs, planning a toilet training programme

- You may have to start by putting your child on the toilet at 1.5 hours to catch any results or 20/30 minutes after a meal and before bed.
- What toys/objects will keep your child sat on the toilet for a short amount of time?
- Work out a way of communicating 'it's time to use the toilet', this can be by Makaton signing, Picture Exchange Communication PEC's, using an object of reference or verbally
- Reward your child for small steps no matter how small.
- Dress your child in clothes that are easy to remove.
- Keep your routine regular, it may take a lot longer for each small step but keep going and don't give up!



Can emotional issues impact on a child's ability to be fully toilet trained ?

- For some children if there is a regression in toilet training progress this can be a sign that all is not ok for them.
- Have there been changes in your child's life?
- This could be from changing rooms in nursery or a bereavement.
- Life circumstances can impact on all children differently - Some children could regress and wet or soil, some could withhold leading to constipation.
- Are parents struggling to manage emotionally with wetting or soiling or do they need support?

IN SOME SITUATIONS REGRESSION IN TOILETING COULD BE A SIGN OF POSSIBLE SAFEGUARDING CONCERNS -



Other resources

- www.eric.org.uk
- <https://www.bbuk.org.uk/>
- <https://www.cerebra.org.uk/help-and-information/guides-for-parents/toilet-training/>
- <https://www.bbuk.org.uk/wp-content/uploads/2018/04/Promoting-Healthy-Bowels.pdf>
- N Drive
- Change for life <https://www.nhs.uk/change4life>
- Children Continence team/champions email of Continence service
- Radar Key scheme for SEND <https://www.disabilityrightsuk.org/shop/official-and-only-genuine-radar-key>
- How macrogols work <https://www.youtube.com/watch?v=9WqxJqLmKao>
- Poo goes to Pooland app
https://play.google.com/store/apps/details?id=uk.nhs.ntw.poogoestopooland&hl=en_GB
- Constipation & use of Macrogol
<https://m.youtube.com/watch?v=9WqxJqLmKao&t=251s>

Resources/References

- Effective Management of bladder and bowel problems in children (Bonner and Wells 2008)
- Paediatric Bowel Care Pathway IMPACT (2008)
- Butler & Swithinbank 2007 (ERIC) Nocturnal Enuresis & daytime wetting: A handbook for professionals

path physiology of nocturnal enuresis. *Br J Urol.* 1997;79:825–35.

- Butler.R.J. (2002) Nocturnal resource pack. *Eric 4th edition*
- Rogers.J (2003) *Paediatric Continence promotion. An overview. JCN online.*
- www.urinecontrol.co.uk
- www.doh.gov.uk/continenceservices.htm