

Name..... D.O.B.....

Shropshire Community Health

NHS Trust

CNT035 Children's Contenance Assessment and Re-Assessment Form

Initial Assessment	YES / NO	Toilet Training	YES / NO
End of Life Care	YES / NO	Products - please complete all sections	YES / NO

First Name:	Surname:
Address	D.O.B:
	NHS No:
	Parent/Next of Kin/Guardian
	Male / Female
Post Code	
Telephone No:	Ethnic Group:
Mobile No:	Religion:
Email Address:	Home Visit / Contact
Nursery / School / Class	Date of Assessment:

Professionals Involved

GP:	Other Professionals:
Surgery:	
Tel No	

Assessor's Details

Assessor's name: (please print)	Signature:
Designation:	Date:

Reason for Referral please tick

Clinic Referral		Products		Toilet Training	
-----------------	--	----------	--	-----------------	--

Name..... D.O.B.....

Child's Medical History

Diagnosis:
Illnesses:
Operations:
Allergies:
Medication:
Genogram/Family Members:
Family Information/Social/Medical/Disability Living Allowance – carer/mobility & rate

Child's Development – Toilet Skills

Milestones achieved at appropriate age?	Yes/No		
Does child function at age appropriate?			
Can child walk independently?	Mobile	Walks with aids	Wheelchair

Review Toileting Skills checklist		Comment
Any fears relating to the toilet?	Yes / No / Sometimes	
Any fears relating to the potty?	Yes / No / Sometimes	
Any fears relating to the bathroom?	Yes / No / Sometimes	
Does the child's behaviour change when they need the toilet?	Yes / No / Sometimes	

Name..... D.O.B.....

Additional information e.g: ISC, sensory issues, intermittent catheterisation, mitrofanoff

Equipment and environmental considerations

Toileting and drinking routine

- (Explain importance of routine/training/as this will affect their night time ability to cope also)
- **Check** If child goes to toilet more than 7 times per day = frequency
- Encourage child to empty bladder on waking/bedtime
- Discourage fizzy/caffeine/blackcurrant drinks. Last drink 1 hour before bedtime

Toileting	Please tick	Drinking	Type	Amount mls
Wakes atA.M		Breakfast		
Before School		Before School		
Morning Play		Play		
Lunch Time		Lunch Time		
Afternoon Play		Afternoon		
Home Time		Home Time		
Supper Time		Supper Time		
Bed TimeP.M		Bed Time		

Diet:			
Breakfast	Lunch	Dinner	
Comments e.g. restrictive/limited / enteral feeding			
Food Diary given	YES /NO	Drink Diary given	YES /NO

Name..... D.O.B.....

Fluid Intake Recommendations

Age (years)		Total drink intake per day (mls)
4-8	Female	1000mls -1400mls
	Male	1000mls -1400mls
9-13	Female	1200mls – 2100mls
	Male	1400mls – 2300mls
14-18	Female	1400mls – 2500mls
	Male	2100mls – 3200mls

Normal Fluid Intake 1 cup = 200mls (Nice guidelines Nocturnal Enuresis – October 2010)

Daytime Wetting	
Can the child use the potty or toilet to wee?	Yes / No / Sometimes
Is the child wet during the day?	Yes / No / Sometimes
Does the child indicate awareness of being wet? (does he/she pause when wetting)	Yes / No / Sometimes
Is the child able to stay dry for 1-2 hours?	Yes / No / Sometimes
Is the child able to hold on/delay the need to wee?	Yes / No / Sometimes
Is the child toileted routinely through the day?	Yes / No / Sometimes
Is there urgency/frequency on micturition? e.g. toilets more that 7 times per day	Yes / No / Sometimes
How is the day managed? e.g. Toileted every 2 hours, nappies	Yes / No / Sometimes
Night Wetting	
Is the child dry at night?	Yes / No / Sometimes
How many nights per fortnight are wet?	
Does the child Potty / toilet / wee before bedtime?	Yes / No / Sometimes
Does the child wear disposable products/ pull ups?	Yes / No / Sometimes
Are the disposable products very wet in the morning?	Yes / No / Sometimes
Have disposable products ever been left off?	Yes / No / Sometimes
Any dry nights?	
How is the night wetting managed?	
Mattress condition?	Good/ Poor/ Replace
Bedroom?	Own / Shared
Type of bed?	Normal Cabin Bunk Top / Bottom
Sleep pattern (disturbed/restless nights?)	

Name..... D.O.B.....

Bowel	
Does child use the potty/toilet to poo?	Yes / No / Sometimes
If no, where do they poo?	
How often do they poo?	Daily / 2-3 days / Other
Type no of stool(Bristol stool chart)	
Amount	S M L
Does the child soil?	Yes / No / Sometimes
Is the child aware of being soiled?	Yes / No / Sometimes
Any pain/distress/fear on passing poo?	Yes / No / Sometimes
Do they pause when doing a poo?	Yes / No / Sometimes
Is there a history or constipation?	Yes / No / Sometimes

CARE PLAN for Toilet Training

Training programme to be introduced	Yes / No

Pull ups only to be given as part of an active toilet training programme.
 Pull ups are supplied for 6 months only, after which a review of progress is required.
 Pull ups are not clinically advised for overnight use. A disposable product is to be provided for night use.

Details of toilet training programme:
<p>A clinical assessment for toilet training readiness has been carried and toilet skills identified. An Individual Toilet Training programme has been discussed and written</p> <p>Nurse Signature Date</p> <p>If the child is in a toilet training programme and is to receive Pull-Up's for daytime wear (disposable products at night)</p> <p>I parent /carer's name.....agree that if my child shows no progress in 6 months, disposable products will be advised until child is suitable for toilet training in the future.</p> <p>Signature Date</p>

Washable products – annual supply
<p>I parent/carer's name.....agree that if my child has washable products to aid a clinically assessed toilet training programme. I understand that this is my child's total provision of continence products for the subsequent twelve month period and assistance with provision of additional disposable products will not be available.</p> <ul style="list-style-type: none"> • For those inevitable times of childhood illness it is advisable and necessary to have your own supply of disposable products. • I have been informed and understand the care and laundering of the washable products.

Name..... D.O.B.....

Signature		Date.....
1 month review - date given		
3 monthly review - date given		
6 monthly review - date given		
12 month review – date given		

Product quantity is based on clinical assessment

CARE PLAN for Product Provision

Waist (cms)	Weight (kg)	Hips

To be used in conjunction with CNT036 “Assessor Ordering Form” this needs to be sent with this assessment.

Reviews to be done yearly

Additional Information

Assessor’s name: (please print)	Signature:
Designation:	Date: