



North East London
NHS Foundation Trust

Paediatric Continence service Waltham Forest Tier 2

Dilys Defontaine Specialist Continence Nurse

Striving to provide the best care by the best people

What would we like GP's to know

What the
Paediatric
Continence
service offers

How GP's can
help children and
families with
continence issues

Referral Criteria

Continence
Products

Discharge
Process



North East London
NHS Foundation Trust

What the Paediatric Continence service offers

Striving to provide the best care by the best people

The Service

- Team is made up of The specialist Nurse and Administrator.
- Service is currently commissioned for 27.5hr a week; Monday- Wednesday 8am- 5.15pm.
- Clinic is held at Chingford Medical centre, this is an Advisory service only. We have no medical equipment such as Bladder scanners etc.
- Children are seen on a 4/6weekly basis, 6 appointments are offered & are discharged back to the GP if on medication for further management/review/weening.
- This services is for children with complex bladder and bowel issues, children that have not been able to successfully gain continence with Tier 1 support.

How GP's can help children and families with continence issues

Is the child presenting with any of these symptoms?

- Nocturnal Enuresis (Bedwetting)
- Enuresis with daytime symptoms
- Daytime wetting only
- Encopresis (Faecal incontinence with urinary incontinence)

ASSESSMENT PRESENTATION TO PRIMARY CARE

Initial assessment of symptoms

GPs are responsible for the initial medical assessment and basic treatment of continence problems, including:

- Offering history and physical examination.
- Performing urinalysis and urine culture to detect infections.
 - Treating any identified constipation or urinary tract infections (UTIs).
- Request KUB ultrasound for children with daytime wetting and secondary nocturnal enuresis.
- Refer to school Nurse or health visitor for simple cases or health visitor for continued initial follow up.

Once all physical areas are covered and no physical causes- then consider referrals to CAMHS including:

- Emotional, behavioural, and developmental problems affecting continence.
 - Encopresis not related to constipation

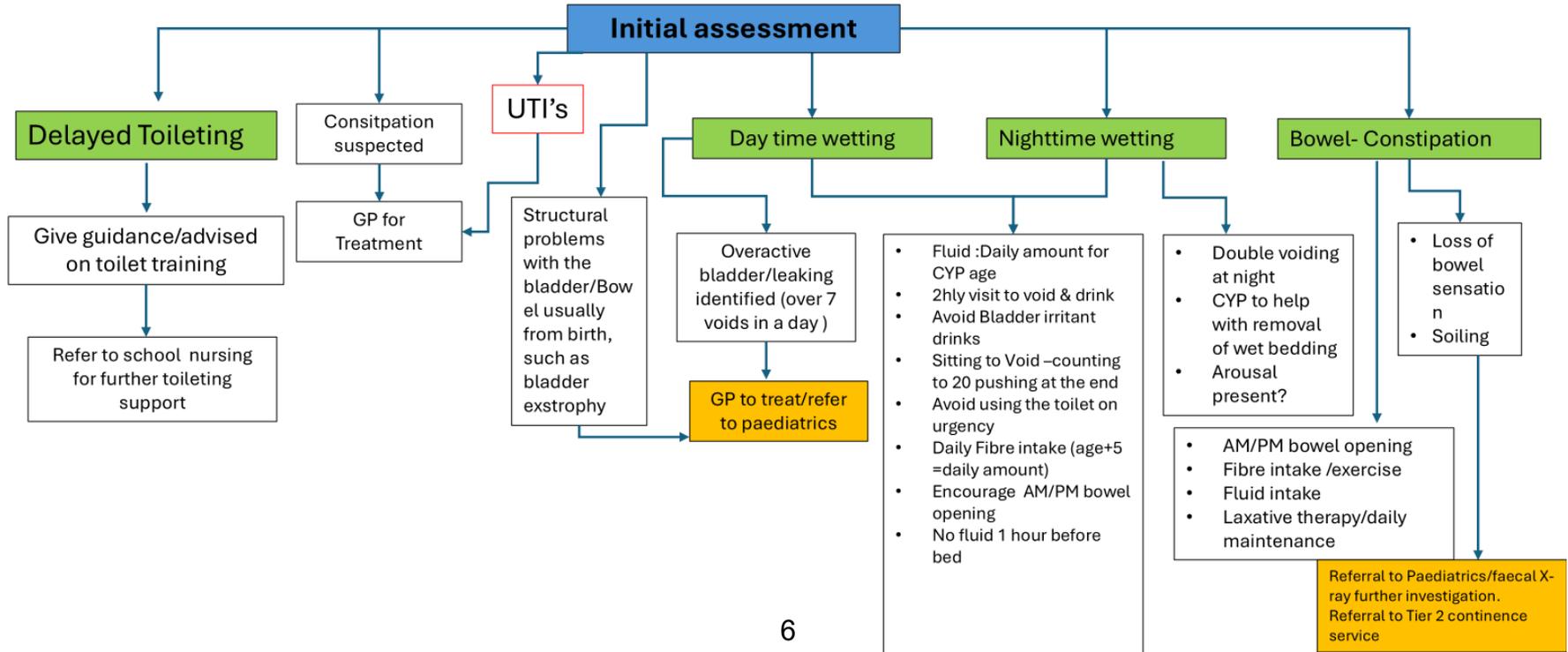
Toilet Training for children with moderate-sever learning difficulties: to be referred to special school nursing team for tier 1 support.

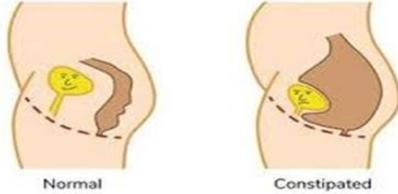
RED FLAGS

- Continuous incontinence/dribbling
- Urinary retention
- Excessive tiredness or loss of weight (offer urinalysis and blood sugar test)
- Polydipsia or polyuria
- Growth faltering / loss of weight / Hypertension
- Distended bladder, renal mass
 - Recurrent UTIs
- Concern about parental intolerance or safeguarding issues – refer to local safeguarding policy.

If you remain concerned about the child and feel that the symptoms warrant secondary care input refer to the paediatrics

Advice and support for CYP with continence issues





- Regular and adequate fluid intake supports healthy bladder habits and makes bladder training more effective.
- Adequate fluids help flush out bacteria from the urinary tract, reducing the risk of urinary tract infections, which can worsen incontinence symptoms.

Recommended daily fluid intake

Age	Sex	Total drinks per day
4-8 years	Female	1000-1400 ml
	Male	1000-1400 ml
9-13 years	Female	1200-2100 ml
	Male	1400-2300 ml
14-18 years	Female	1400-2500 ml
	Male	2100-3200 ml

NICE clinical guideline 111 www.nice.org.uk

Food & Drink Irritants

- Some drinks can irritate the bladder or act as diuretics, which means they increase urine production or make symptoms of incontinence worse.
- ✓ What to drink instead:
 - Water: Stay hydrated, but sip throughout the day rather than all at once.
 - Milk/shakes
 - Herbal teas (non-caffeinated, like chamomile or peppermint)
 - Diluted juices (like apple or pear) in moderation if needed



Tea



Coffee



Hot
Chocolate



Green Tea
(high in caffeine)



Blackcurrant
Juice
(Purple Vimto &
Ribena)

DRINKS WHICH CAN IRRITATE THE BLADDER



Citrus fruit and juice
(e.g. pineapple, orange, lemon,
grapefruit, lime & tangerine)



Tomatoes
Juice



Cola & other
fizzy drinks



Alcohol

Referrals to the service

Referrals to the Specialist Paediatric Continence Service, using the New referral form must have all boxes completed and Tier 1 intervention information given or not. [NEW WF Specialist Paediatric Continence Referral Form .docx](#)

Information to include in a referral:

- Correct contact details for the parent/carers as most contacts start with a telephone consultation.
- Consent to share and provide an email address for parents/carers as we aim to be a paper light service, and parents often ask us for information via email instead of post.
- How often is the continence issue happening.
- What Tier 1 interventions have already been tried – fully complied with by the family.
- Information about the child's general behaviour/ social/ emotional/ physical health.
- Any interventions from other services to ensure we are communicating effectively with Teams involved with families.
- What investigations have been done e.g. blood tests/urine tests/ bladder scans/ x-rays etc and the conclusions – related to the continence issue.
- Any medications already tried- e.g. macrogols for constipation/soiling (overflow) desmopressin/ Desmomelt for night wetting.

Referrals to this service will be declined if there is insufficient information.

Referral Criteria

The Paediatric Continence Clinic assists parents /carers with the management of a child or young person with night wetting once they are over five years and daytime wetting from the age of four years until their 18th birthday.

- Child must be registered to a GP in the Borough of Waltham Forest, or attending school within the borough, already toilet trained who are:
 - 5 years and older with night wetting
 - 4 years with daytime wetting
 - 4 years with both day and night wetting
 - Previously dry children / young person who begin to wet or soil themselves already toilet trained
 - Children with sever constipation, overflow soiling
 - **Children unsuccessful with becoming continent with Tier 1 support. Please note if no evidence of 3-6months of Tier 1 support has not been offered referral will be rejected.**

Continence Products

- Provision of containment products— offer starts from 5th birthday, only after there is evidence of a minimum of 3-6 months of attempted toilet training, or clear evidence that a child/ YP is not going to be able to be successfully toilet trained due to neuropathic bowel/ bladder.
- The provision of containment products is seen as a good will gesture from the NHS and is limited to 4 products per 24hrs, based on the child/YP's continence issue and capacity for toilet training. The focus is to encourage parents/carers to be ambitious for their children to become toilet trained. Containment products are a barrier to attaining this skill. This not just a 'free' provision.
- **'PAD Entitlement'** –When referred to for PAD assessment for possible provision of containment products falls under the remit of Tier 1 universal health teams and not the specialist paediatric continence service.
- The expectation is that GP's do an initial assessment of a child/young person, treating any symptoms of constipation/soiling/ urine infections/ other medical issues identified in the first instance as the guidelines state.

Discharge Process

- Clinical practice often uses a 2-week dry period for enuresis and longer (e.g. 6 months) for more complex or previously severe cases.
- Night-time wetting: 14 consecutive dry nights or a 90% improvement in the number of wet nights per week.
- Daytime wetting: No involuntary wetting episodes during the day
- After 6th appointment if the child is improving, showing stability, they will be referred to the care of the GP to be shared with school nurse, if the child is on medication as this will need to be reviewed/wined off. If not on medication treatment advice plan will be sent out to all parties and supported by School nurse (Tier 1)
- If unable to ween off the child can be referred.

Discharge Process

- Missed appointments can lead to discharge
- Poor parental support and compliance discharge back to GP and School nurse with treatment plan.
- MASH referral can be triggered if safeguarding concerns arise
- Every child is discharged with a letter to the GP

How we can work together

- Specialists' continence nurse cannot prescribe therefore will send request to the GP to prescribe laxative therapies ect. We are challenged by some GP's before prescribing however after guidelines are sent medication is prescribed. (Impacting treatment time)

Please see pathways below;

The NHS England pathway at <https://www.england.nhs.uk/wp-content/uploads/2023/03/B1416-National-clinical-constipation-pathway-for-primary-care-for-children.pdf> NICE guidance and BNFC as well as the Bladder & Bowel UK leaflets: [Understanding the management of faecal impaction and constipation](#) and [Understanding stimulant medications](#)

- If we have requested or GP has done any testing, please can we get the results/reports as this will aid more effecting and timely treatment plans

Useful information

- [GP Info\Childrens-Continence-Care-Pathways-Levels-1-2-paediatric-Bladder-Bowel-UK.pdf](#)
- [GP Info\Pathways for Paediatric Continence in Waltham forest .pptx](#)
- [GP Info\A-Parents-Guide-to-Disimpaction.pdf](#)
- [GP Info\Bowel and Bladder diary \(Tier 1\).docx](#)
- [Parent information\advicesheet_daytimebladder.pdf](#)
- [Parent information\ERIC - Guide to Bowel Problems.pdf](#)
- [Parent information\Nighttime wetting factsheet 2024.pdf](#)
- [Parent information\BBC018_Fibre-Contents-of-Food-Chart.pdf](#)

Referral Details

- ❖ Mainstream School Nursing & 0-19 services: thgpcg.wf0-19SPA1@nhs.net.
- ❖ Special School Nursing team (Require a referral form to be completed):
wfspecialschoolnursing@nelft.nhs.uk

[GP Info\REFERRAL FORM Special School Nursing Service.doc](#)

- ❖ Tier 2 referral form: [GP Info\NEW Teir 2 Paediatric Continence Clinic Blank Referral Form.docx](#)

Any questions?

