York Teaching Hospital NHS Foundation Trust

NHS Vale of York Clinical Commissioning Group

Referral Support Service

Paediatrics

Supporting Information for GPs on the Management of Enuresis and Constipation in Children

Enuresis

Initial assessment

- Treat any underlying UTI's, discuss any day time frequency or urgency or any other underlying causes.
- Reassure that this is a common problem
- Discuss fluid intake and encourage oral intake especially during day at school. ***See table on next page***
- Discuss double voiding prior to bed.
- Rule out constipation and treat.
- Direct to ERIC and Bladder and Bowel UK for information sheets.
- If school aged child direct to Healthy child team for initial assessment.
- Child to be referred to Paediatric Bowel and Bladder Service if has had intervention and advice from Healthy Child Team for at least 3 months – see RSS guideline on when to refer

Resources

Bed wetting in children and young people, NICE, 2014.
Bedwetting Information Leaflet, Bladder and Bowel UK
Understanding the management of bedwetting in children under the age of 7 years: Implementing NICE guidelines, Bladder and Bowel UK
Desmopressin Patient Leaflet, Bladder and Bowel UK

UTIs

See NICE guidelines for the current investigation and management of UTI in children

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Day time urinary incontinence

There are several types of urinary incontinence, including:

- stress incontinence
- urge incontinence
- overflow incontinence
- total incontinence
- **Rule out any physiological causes, UTI or constipation and treat these**
- History of onset of urinary incontinence
- Consider safeguarding
- Discuss fluid intake, see chart below:

	Total water intake per day including water contained in food	Water obtained from drinks per day
Infants 0-6 months	700 ml *Assumed to be from breast milk*	600ml
7-12 months	800ml *From milk and complementary foods and beverages*	600 ml
1-3 years	1300ml	900ml
4-8 years	1700ml	1200ml
Boys 9-13 years	2400ml	1800ml
Girls 9-13 years	2100ml	1600ml
Boys 14-18 years	3300ml	2600ml
Girls 14-18 years	2300ml	1800ml
The above recommendations are for adequate intakes and should not be interpreted as a specific requirement. Higher intakes of total **water will be required for those who are physically active or who are exposed to hot environments. It should be noted that obese children may also require higher total intakes of water**		

(*Adapted from NICE) Dietary reference intakes for water, potassium, sodium chloride and sulphate. Washington DC: The National Academies Press*

Resources

[Bed wetting in under 19s, NICE CG111, 2010]
[Promoting Healthy Bladders, Information for Families, Bladder & Bowel UK]

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Constipation

Rule out red flags!

A summary of NICE guidance on constipation in children and young people[1]		
Constipation	**Red flags**	**Amber flags**
Identify: • Diagnostic features of constipation. • Exclude underlying causes. • Exclude red and amber flags. Features of idiopathic constipation:[9] • History of meconium being passed within 48 hours of birth (in a full-term baby). • Constipation begins at least a few weeks after birth. • Precipitating factors may be present, such as difficulty weaning, poor fluid intake. • Abdomen is soft and not distended, normal appearance of anus - note: digital rectal examination is not routinely required. • General health, growth and development are normal with normal gait, tone, and power in lower limbs.	**Identify:** • Symptoms that commence from birth or in the first few weeks. • Failure or delay (>first 48 hours at term) in passing meconium. • Ribbon stools. • Leg weakness or locomotor delay. • Abdominal distension with vomiting. • Abnormal examination findings including: • Abnormal appearance of anus. • Gross abdominal distension. • Abnormal gluteal muscles, scoliosis, sacral agenesis, etc. • Limb deformity including talipes. • Abnormal reflexes.	**Identify:** • Constipation with faltering growth. • Possible maltreatment.
Management: Inform the child, parent and carers of diagnosis. • Reassure and advise that treatment can take months. • Assess for faecal impaction. • Follow management protocol to disimpact (if appropriate) and then maintenance therapy. • Give diet and lifestyle advice (fibre, fluids, exercise). • Liaise with the school nurse/Healthy child team • Refer if there is no response within three months.	**Management:** • Do not treat constipation. • Refer urgently to an appropriate specialist for specific diagnosis and treatment.	**Management:** • If there is evidence of faltering growth, treat for constipation and test for coeliac disease and hypothyroidism. • If there is evidence of possible child maltreatment, treat for constipation and refer to NICE guidelines on suspected child abuse.

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ASSESS FOR FAECAL IMPACTION: use a combination of history taking and physical examination – look for overflow soiling and/or faecal mass. DO NOT use rectal examination unless specifically indicated

- If established functional constipation treat with Macrogol. Possible disimpaction. Use oral paediatric Macrogol in increasing doses until watery stool passed

- Give ERIC 'A Parent's guide to disimpaction' and 'How to prepare Macrogol laxatives' and 'Guide to children's with bowel problems'
- Demystify, reassure, educate
- Offer ERIC Poo Diary and signpost to ERIC for further information/reassurance and advice on toileting, children's disposable pads etc.
- Do not use dietary interventions alone as first-line treatment
- Continue oral macrogol titrating dose to achieve at least one soft stool per day. Reassure regarding safety of long term use of laxatives
- Advise family to maintain adequate fluid intake and dietary fibre
- Toileting advice for children with additional needs.

- Advise daily physical activityAdvise regular toileting programme
- Refer to Paediatric Continence Service or equivalent local service using Referral Form
- Review after disimpaction, reduce osmotic laxative and consider adding a stimulant laxative, review regularly.

Resources

Constipation in children and young people, NICE, 2014.
Macrogols Patient Leaflet, Bladder and Bowel UK.
Talk about constipation Patient Leaflet:, Bladder & Bowel UK
Understanding Childhood constipation leaflet advice for parents and carers, Bladder and Bowel UK
Understanding constipation in infants and toddlers, Bladder & Bowel UK
ERIC: A Parent's Guide to Disimpaction
ERIC Poo Diary

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Toilet refusal

- Rule out any constipation (consider anal fissures which could result in toilet avoidance due to pain)
- Treat constipation using Macrogols, give relevant information
- Consider any additional needs and rule out red flags. (see constipation guidance)
- Refer to healthy child team for support.
- If had support from healthy child team and constipation treated for 3 months with no effect refer to bowel and bladder service.
- Direct to Bladder and Bowel UK.

Resources

Understanding Toilet Refusal – the child who will only poo in a nappy, Bladder and Bowel UK
ERIC Toileting reward chart
Macrogols Patient Leaflet, Bladder and Bowel UK.
Talk about constipation Patient Leaflet:, Bladder & Bowel UK
Understanding Childhood constipation leaflet advice for parents and carers, Bladder and Bowel UK
Understanding constipation in infants and toddlers, Bladder & Bowel UK
ERIC: A Parent's Guide to Disimpaction
ERIC Poo Diary

Soiling

- Soiling is rarely behavioural, 90% is due to constipation. (need to clarify this)
- Rule out constipation, check for Red flags (see constipation) and treat with Macrogols.
- Check age of onset of toilet refusal. (ie following a bout of constipation)
- Sign post to healthy child team for advice and support.
- Discuss fluid intake, and good routines.
- Also resources on Bladder and Bowel UK.

Resources

ERIC: A Parent's Guide to Disimpaction
ERIC How to prepare Macrogol laxatives
ERIC Poo Diary

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Children with additional needs requiring toileting advice

- Sign post to Healthy Child Service for Tier 1 support, if making no progress after 4 months refer to Bowel and Bladder Service – see referral information on the Paediatrics page of the Referral Support Service website.

Resources

Information Sheet on Toilet Training Children with Special Needs, Bladder and Bowel UK

Toilet Training Children with Autism and Related Conditions – Information for Parents, Bladder and Bowel UK

Information for professionals and carers: toilet training children with autism and developmental disabilities, Bladder and Bowel UK

Continence assessments for children and young people with delayed bladder and bowel control - Information for Parents & Carers, Bladder and Bowel UK

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