

## **Toilet skills assessment tool**

www.hse.ie/continencecare

| Child's name:  | Parent's name:                            | Parent/carer contact no:                 |  |  |
|--|---|--|--|--|
| Child's DoB: / /   | Child's address:                          |  |  |  |
| Name of assessor   | Date of 1 <sup>st</sup> assessment Date   | PHN:                                     |  |  |
| of 2 <sup>nd</sup> Assessment  | Date of 1 assessment Date                 | riiv.                                    |  |  |
|  |   |  |  |  |
| Title & contact no.  |   |  |  |  |
| Past medical history, disability   | Referred by:                              | GMS (medical card) number:               |  |  |
| functional issues  | Date of referral:                         | Long term illness number:                |  |  |
|  | Receiving Domiciliary Care                | Other HCP's providing care               |  |  |
|  | Allowance? yes □ no □                     |  |  |  |
|  | Other:                                    |  |  |  |
| Toilet training; Current status and  | Child's primary mode of                   | Child lives with:                        |  |  |
| Hx of toilet training attempt  | communicating e.g. verbal, PECS:          |  |  |  |
|  |   |  |  |  |
|  | GP details - name:                        | School details:                          |  |  |
|  |   |  |  |  |
|  |   |  |  |  |
|  | Contact no:                               |  |  |  |
|  |   |  |  |  |
|  | Current products? (name and size)         |  |  |  |
| Typical Diet   |   |  |  |  |
| Breakfast  | Lunch                                     | Dinner                                   |  |  |
| Dreamust .   | 2011011                                   | Sime                                     |  |  |
|  |   |  |  |  |
|  |   |  |  |  |
| Snacks -   |   |  |  |  |
| Oral or enteral fed –  |   |  |  |  |
| Fluids (see recommended fluid intake per age group below) -                                |   |  |  |  |
| Suggested fluid intake of water-based  | d drinks per 24 hours                     |  |  |  |
| Age 1-3 years $\rightarrow$ 900 ml -1000 ml Age 4-8 years $\rightarrow$ 1200 ml - 1400 ml  |   |  |  |  |
| <i>Note:</i> If a dietitian or medical professional advice should be followed. (NICE 2010) | has given advice about fluid intake for a | n individual child or young person, that |  |  |
| ()   |   |  |  |  |
|  |   |  |  |  |

Signed \_\_\_\_\_\_date \_\_\_\_\_

| Name | DOB |
|------|-----|
| Name | ООВ |

| Assessment (the sec   | ond sco | ring column is included in case a repeat assessment is needed                            | later)          |                 |
|---|---------|--|-----------------|-----------------|
| Bladder function (passes urine)                               | Score   | Advice offered   | 1 <sup>st</sup> | 2 <sup>nd</sup> |
| 4) 24 11  | _       | Check fluid intake and adjust if necessary   |                 |                 |
| 1) More than once per hour                                    | 3       | If age 5+ and frequency persists, consider assessment for                                |                 |                 |
|   |         | Overactive Bladder (OAB) or immature bladder   |                 |                 |
| 2) Between one / two hourly                                   | 2       | Indication of developing bladder maturity  |                 |                 |
| 3) More than two hourly                                       | 0       | Maturing bladder – consider toilet training  |                 |                 |
| Bladder control   | Score   | Advice offered   |                 |                 |
| 1) Never or rarely passes urine                               | 3       | Complete baseline chart to identify urination intervals and                              |                 |                 |
| in toilet or potty  |         | start sitting on the toilet when bladder is more likely to be full                       |                 |                 |
| 2) Dansa uning an tailat an                                   | 2       |  |                 |                 |
| 2) Passes urine on toilet or potty sometimes                  | 2       | Consider removal of nappy (if worn) and introduction of formal toilet training programme |                 |                 |
| 3) Can initiate a request to pass                             | 0       | Good evidence of bladder maturity - start on toilet training                             |                 |                 |
| urine   |         | programme  |                 |                 |
| Night wetting   | Score   | Advice offered   |                 |                 |
|   |         |  |                 |                 |
| 1) Every night  | 3       | If aged 5 or over and dry in the day consider referral to the enuresis service           |                 |                 |
| 2) Occasionally – odd dry night                               | 2       | Indication of developing bladder maturity  |                 |                 |
| 3) Never wet  | 0       | Mature bladder – consider toilet training  |                 |                 |
|   | Score   | Advice offered   |                 |                 |
| Sitting on toilet   | Score   | Advice offered   |                 |                 |
| 1) Refuses to sit   | 4       | Consider behaviour modification programme  |                 |                 |
| 2) Sitting with or without help                               | 2       | Liaise with OT if necessary re: toilet adaptation or                                     |                 |                 |
|   |         | equipment  |                 |                 |
| 3) Sits long enough to pass urine                             | 0       | Start toilet training  |                 |                 |
| uille   |         |  |                 |                 |
| Going to the toilet   | Score   | Advice offered   |                 |                 |
| 1) Gives no indication of need                                | 4       | Consider introducing strategies to raise awareness of                                    |                 |                 |
| to go   |         | wet/dry/soiled   |                 |                 |
| 2) Gives some indication, by (include words or signals used): | 2       | Introduce positive reinforcement for target behaviour                                    |                 |                 |
| ,   |         |  |                 |                 |
| 3) Sometimes goes of own                                      | 0       | Consider formal toilet training programme  |                 |                 |
| accord  |         |  |                 |                 |

| Name | DOB |
|------|-----|
| Name | ООВ |

| Bowel control  | Score | Advice offered   |  |  |
|--|-------|--|--|--|
| 1) Rarely or never opens bowels on toilet or potty                             | 3     | Complete baseline chart - identify frequency of bowel movements - start toilet sitting when bowel is more likely to be emptied (such as after meals) |  |  |
| 2) Opens bowels on toilet or potty sometimes                                   | 2     | Consider toilet training program   |  |  |
| 3) Opens bowels on toilet or potty every time                                  | 0     | Evidence of bowel control, consider toilet training  |  |  |
| Bowel function   | Score | Advice offered   |  |  |
| 1) Opens bowels more than three times per day                                  | 3     | Exclude underlying constipation  |  |  |
| 2) Does not always have a formed stool   | 2     | Address underlying bowel problem before commencing toilet training (check Bristol Stool score). May be subject to constipation or diarrhoea.         |  |  |
| 3) Has regular formed bowel movements  | 0     | Mature bowel – consider toilet training readiness  |  |  |
| Night time bowel movements   | Score | Advice offered   |  |  |
| 1) Occurs more than once per week  | 3     | Assess for underlying constipation – treat as appropriate  |  |  |
| 2) Never   | 0     | Mature bowel   |  |  |
| Behaviour that interferes with toileting process, like screaming when toileted | Score | Advice offered   |  |  |
| 1) Occurs frequently (once per day or more often)                              | 4     | Consider liaison with CDNT/CAMHS re behaviour modification programme   |  |  |
| 2) Occurs occasionally (less than once daily)                                  | 2     | Consider assessment to identify 'trigger' factors for behaviour e.g. sound of hand dryer   |  |  |
| 3) Never occurs  | 0     | Consider bladder/bowel maturity and toilet training readiness  |  |  |
| Response to basic commands, like 'sit down'                                    | Score | Advice offered   |  |  |
| 1) Never responds to commands  | 4     | Consider introducing 'routine/social stories' to gain co-<br>operation   |  |  |
| 3) Usually responds  | 0     | Consider toilet training readiness   |  |  |

| Name | DOB |
|------|-----|
|      |     |

| Handling clothes                          | Score | Advice offered  |  |
|---|-------|---|--|
| 1) Cannot handle clothes at all           | 4     | If child physically able introduce programme to encourage child to pull pants up/down independently |  |
| 2) Attempts to pull pants down            | 2     | Introduce positive reinforcement for target behaviour   |  |
| 3) Pulls clothes up and down without help | 0     | Consider toilet training readiness  |  |

| Score:       | Add up all scores to assess toileting skills at this time:  |
|--------------|---|
| 0- 16        | Indicates toilet training readiness, start toilet training programme and removal of containment wear (if in use)  |
| 17-30        | Indicates some toileting skills, should commence or continue a toilet skill development programme.  Consider washable products.                         |
| 31 and above | May have potential for acquiring toileting skills; may require containment products. Should be supported with skill development and reviewed regularly. |

| Other helpful p | oints to co | nsider in | relation to | bowel | health: |
|-----------------|-------------|-----------|-------------|-------|---------|
|-----------------|-------------|-----------|-------------|-------|---------|

What type of stool is common? (use Bristol Stool Chart, available here: <a href="https://example.com/here/basele/continencecare">https://example.com/here/basele/continencecare</a>)

Is there evidence of 'hiding' or 'holding on'?

| Plan of action | / other comments |
|----------------|------------------|
|----------------|------------------|

Taken from HSE PPPG: Guideline for the promotion of continence care & provision of containment products to children and young people PPPG Reference Number: PCommOPS- CFS- 001 Version No: 1 Approval Date: 14<sup>th</sup> November 2022 Revision Date: 14<sup>th</sup> November 2025

This assessment form is informed from evidence in UK guidance for the promotion of continence containment products to children and young people – A consensus document 2021 and also from an expert consensus group of Continence Nurses in Ireland who tested the revised tool in their primary care practice areas.