

Paediatric Continence Service

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The Need for a Paediatric Continence Service

Continence problems affect more than 900,000 children and young people in the U.K. resulting in a negative impact on :-

- ▶ Health and wellbeing
- ▶ Emotional and psychological development

The Paediatric Continence Forum recommend that:-

“All children from birth to 19 years with continence difficulties should have access to a fully integrated children’s community continence service that provides individualised evidence based care in line with national guidance”

What Difference Will it Make ?

- ▶ Improved quality of care for children with long-term continence issues
- ▶ Less E.D. attendances for abdominal pain related to constipation
- ▶ Fewer referrals to secondary care for consultant assessment
- ▶ Fewer unnecessary investigations
- ▶ Reduced admissions to hospital for disimpaction or treatment of UTI's
- ▶ Reduced need for disposable continence containment products

Therefore improving the quality of life for the child and family and also reducing the cost to NHS

The Continence Service

Tier 1 - Primary & Community Services

▶ **HV/School Nurses/Public Health Nurses**

- Identify problems early
- Undertake basic continence assessment
- Provide 1st line intervention over 16 weeks
- Assess impact on child and family incl. desire for input
- Onward referral if necessary

▶ **G.Ps**

- Undertake assessment and physical examination
- Start medication if indicated
- Onward referral if necessary

Tier 2 – Paediatric Continence Nurse Advisor

- ▶ Triage all referrals to the service
- ▶ Run specialist continence clinics to:
 - undertake detailed assessment of child
 - administer and interpret toileting charts
 - provide treatment, advice and support for families
(medication requested from Gp via advice note)
 - provide regular ongoing follow up
- ▶ Be a point of contact for families / professionals
- ▶ Liaise with GPs, secondary, community and tertiary staff
- ▶ Provide specialist training and education to nursing, medical, teaching staff

Tier 3 – Secondary or Tertiary Services

Onward referral to paediatrician or secondary / tertiary specialist if :-

- ▶ Red flag symptoms
- ▶ Safeguarding concerns
- ▶ No response to optimal intervention and support at tier 2

Referral to Continence Service

Referrals will be accepted from:-

- ▶ Primary care team
- ▶ Community/hospital consultants
- ▶ Any other professional involved in caring for a child with continence issues

Referrals from medical personnel require :-

- ▶ physical assessment(to rule out red flags)
- ▶ referral form / referral letter
- ▶ recent height and weight recorded

Referral Form

- ▶ Form and criteria sent to all GPs in SEHSCT via practice email
- ▶ Not currently available via CCG – work in progress !

- ▶ Send form / referral letter via email to :

Paediatric.ContinenceService@setrust.hscni.net

Or post to :

Paediatric Specialist Continence Service

Scrabo Children's Centre

Ards Hospital

BT23 4AS

N.B. Current waiting time for a new patient appointment is 5-6 months

Referral Criteria

GENERAL REFERRAL CRITERIA

Children and young people aged 4 – 18(19 if additional needs) with specialist continence needs, living in SEHSCT

EXCLUSION CRITERIA

- ▶ C & YP aged 18 (19) or older living outside SEHSCT
- ▶ C & YP referred by PHN Team who have not received initial Tier 1 assessment/support/intervention
- ▶ C & YP presenting with red flags and other issues as listed in condition specific criteria
- ▶ C & YP requiring catheter placement / catheter care (RBHSC)
- ▶ C & YP requiring transanal irrigation/ stoma care (RBHSC)

Condition Specific Criteria for Referral to PCNA

- ▶ Constipation/soiling aged 4 and over
- ▶ Day time wetting aged 5 and over
- ▶ Night time wetting aged 6 and over

N.B. Referrals for children under 4 years will be redirected to Public Health Nurse Team for initial assessment and intervention

Daytime Wetting Exclusion Criteria

Red flag symptoms which require referral to a paediatrician for further investigation to rule out organic causes:-

- ▶ History of repeated febrile UTI's
- ▶ Child(particularly girls) reported to have continuous dribbling/ wetting
- ▶ Reported straining to void/ weak stream

N.B. Please continue to refer C & YP requiring intermittent catheterisation/ ongoing catheter care to the RBHSC

Nocturnal Enuresis Exclusion Criteria

Red flag symptoms which require referral to paediatrician for further investigation to rule out organic causes

- ▶ Recent systemic illness causing secondary nocturnal enuresis
- ▶ History of reported weight loss/ excessive thirst

Idiopathic Constipation Exclusion Criteria

Red flag symptoms which require referral to paediatrician for further investigation to exclude organic causes :-

- ▶ Faltering growth
- ▶ Past history of delay of longer than 48hours in passing meconium
- ▶ History of passing “ ribbon stools “ since birth
- ▶ Concern re: gross abdominal distension with vomiting
- ▶ Recent reported weakness in legs
- ▶ Abnormal appearance of anus
- ▶ Abnormality of lumbosacral/ gluteal regions e.g. sacral dimple with hidden base

**N.B. Please continue to refer C & YP requiring transanal irrigation/
stoma care to RBHSC**

Guidelines

- ▶ Paediatric Contenance Forum- Children's Contenance Commissioning Guide 2019
- ▶ B.B.U.K Contenance Care Pathways level 1 and level 2
- ▶ NICE Guidelines for childhood constipation – <https://www.nice.org.uk/guidance/cg99>
- ▶ NICE guidelines for bedwetting in children – <https://www.nice.org.uk/guidance/cg111>

Outcome Objective

The key outcome for the children's continence service is to help children achieve complete continence, or where this is not possible, to help them manage their condition discreetly and effectively .

THANK
YOU