

Children's and Young Person's Continence Service Care Pathway for Constipation & Soiling

Pre Visit

- Nursing triage of all referrals completed Children's Continence Nurse Specialist
- Appointment letter sent to parent/guardian
- Include charts for child & family to record information regarding symptoms which will support development of care plan

Initial Appointment 1 hour - Initial Appointment (1 Hour)

- Detailed Bladder Bowel assessment taken, including height & weight as baseline
- Review completed information from family
- Give relevant information and advice to support and educate parents/guardian
- Provide plan for child & family to follow before next appointment
- Commence medication if required

Criteria for direct referral to Paediatrician

Telephone Appointment within 2 weeks

- Review progress and modify treatment plan if necessary

Follow – up appointment up (½ hour) within 8 weeks

- Review progress charts and adjust treatment plan as required

- Follow up appointments with nurse as appropriate until normal bowel function then discharge

- Discharge with plan

- If failure to progress, discuss with doctor for referral to Paediatrician. See in joint Paediatrician/Nurse clinic

Refer for toilet training support if appropriate

Bowel

- Reported from birth or first 2 weeks of life or seen prior by a Paediatrician
- Blood in loose stools
- Abdominal distension with vomiting
- Ribbon stools
- Faltering growth
- Previously undiagnosed weakness in legs/motor delay
- Disclosure of child maltreatment
- Abnormal appearance of anus and anal wink
- Abnormal neurology
- Muscular signs
- Gross abdominal distention
- Central dimple base of spine
- Scoliosis