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Pre-Arrival Assessment Pack (PAAP)

Date: _____

Regarding: _____ DOB _____

Dear parents or guardian,

You have been referred to my clinic because your child has faecal or daytime urinary incontinence, bedwetting or both.

Please complete the enclosed questionnaire and two charts (PAAP):

- ✓ **Baseline Questions for new Urinary Incontinence Assessment:**
 - ✓ Please complete all questions on BOTH sides
 - ✓ Record dry/wet nights for 14 days
- ✓ **Seven day bladder and bowel diary – Part 1 (See example)**
 - ✓ Please read the instructions carefully
 - ✓ Read carefully what to record under the column marked with #
 - ✓ You need to record the volume of the wee
 - ✓ You need to use pull-ups during this recording at night
- ✓ **Seven day bladder and bowel diary – Part 2 (See example)**
 - ✓ Please read the instructions carefully
 - ✓ Read carefully what to record under the column marked with #
 - ✓ You need to use pull-ups during this recording
 - ✓ You DO NOT need to record the volumes of the wee during the day, just ticks
- ✓ Email the above complete pages to the clinic at envidiusppclinic@privateclinic.ie

For questions, please email me.

Yours sincerely,

Prof Nick van der Spek

Baseline Questions Urinary Continence Assessment – Enuresis Clinic

Regarding:

┌	<i>Patient Details:</i>	┐
	Name	
	Date of birth	
	Address	
	
	
└		┘

**Dear parent,
you will be seen shortly in Envidius Clinic
in Cavan. Please complete the following
night time wetting chart and all questions on both
sides of this page and return to us by email.**

Please record if your child was dry or wet at night for a period of at least TWO weeks without lifting:			
	Week 1		Week 2
Monday	Dry/Wet	Monday	Dry/Wet
Tuesday	Dry/Wet	Tuesday	Dry/Wet
Wednesday	Dry/Wet	Wednesday	Dry/Wet
Thursday	Dry/Wet	Thursday	Dry/Wet
Friday	Dry/Wet	Friday	Dry/Wet
Saturday	Dry/Wet	Saturday	Dry/Wet
Sunday	Dry/Wet	Sunday	Dry/Wet
Summary: Total Dry nights / Total nights:			

Please complete all questions below and bring to your first clinic appointment:	
What is the longest consecutive period your child has ever been fully dry at night, if at all?	
- If so, how long ago did that dry spell happen? months ago
- If he/she has been fully dry for more than 6 months in a row, do you know what made him/her start wetting again?	Yes No Why?
At the moment how many <u>dry</u> nights <u>per week</u> are there on average? dry nights per week on average
How wet is the patch in the bed or pull-up/nappy?	
If he wets, how many times does he/she wet per night?	
Does he wake up when he/she wets?	
At what age was he/she dry by day?	At about years of age
Is your child involved in cleaning up after a wet night? E.g. telling you, pull sheets, wash self etc	
Are there any fears or problems accessing the toilet at night?	
Does he/she get up and use the toilet at night without wetting?	
Does he/she share a bedroom?	
If sharing a bedroom, are there bunk beds?	
Is there a TV in the bedroom?	
Is he/she usually dry when sleeping away from home?	

PLEASE CONTINUE ON THE OTHER SIDE FOR MORE QUESTIONS

On-going baseline questions ...

Do/Did you “lift” your child during the night to put him/her on the toilet?	
Do/Did you restrict his/her fluids in the evening?	
Are/were you using any medication <u>for the wetting</u> ?	
If so, what medication is/was that?	
Do you use nappies/pull-ups at night for your child?	
What other treatments did you try in the past?	
Do you use protective covers for Bed/Duvet/Pillow?	

Have you difficulties accessing the clinic?	
Is there another family member who wet the bed beyond age of 5 years, and if so who was that?	
Do you consider your child to be a very deep sleeper?	
Are there stressing problems at school?	
Are there stressing problems at home?	
How mature is your child for his/her age?	

DAYTIME SYMPTOMS

Is there any wetting or “damp pants” during the day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How often?
Has he/she difficulties holding? I.e. is there urgency: does he/she have to go when he/she has to go!	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
In a whole day, how often is he/she doing a wee? times per day		
Does he/she wet when he/she jumps or coughs?	<input type="checkbox"/> Often	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
Does it (ever) hurt or sting when passing wee?	<input type="checkbox"/> Yes	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
Does he/she produce a “good stream” when peeing?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Does he/she ever have blood in his/her wee?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	

MEDICAL DETAILS

* = Is so, we’ll ask for detail in clinic

Did he/she ever have a kidney infection? (UTI)	<input type="checkbox"/> No	<input type="checkbox"/> Yes*
Did he/she ever have a fit/seizure?	<input type="checkbox"/> No	<input type="checkbox"/> Yes*
Does he/she pass a poo every day?	<input type="checkbox"/> No*	<input type="checkbox"/> Yes
Does he/she ever soil his pants?	<input type="checkbox"/> No	<input type="checkbox"/> Yes*
Does he/she have any other disease seeing GP or other doctor?	<input type="checkbox"/> No	<input type="checkbox"/> Yes*
Is there any family disruption? Parent away, sick, on-going divorce etc	<input type="checkbox"/> No	<input type="checkbox"/> Yes*
Is he/she on any medication, inhalers, creams etc?	<input type="checkbox"/> No	<input type="checkbox"/> Yes*

Please read: To enable us to provide you and your child with a medical service to get your child dry, we request and record personal and clinical information. This includes the above clinical data, the personal details provided by the person who referred you and the child and information obtained during clinic attendance. This data is collected and processed on the Medserv Remote Practice Manager, and our Electronic Enuresis File and paper charts in according with the European General Data Protection Regulation, May 2018. This data is used to make clinical decisions and follow response to treatment of your child as well as analysis of the quality of our service and the outcome of the analysis used anonymously to improve our service. We would like you to give your consent to using your data as stated above by signing here:

Thank you
Please send this questionnaire to us before your first clinic appointment.
We need this information for our the first assessment.

Name

Date of birth

Address

Part 1 as 2 consecutive days if possible

Seven day bladder and bowel diary – Part 1 with 48 hour urine measurements

		Day 1			Day 2		
Date →							
<p>Every time you drink of pee record the drink or pee volume (how many mL) here →</p> <p>In the column marked with # we want you to mark these things: A "W" if the underpants become wet with urine; A "L" if more than the underpants become wet with urine; An "U" if you feel a sudden intense desire to pee; A "P" if you have a poo in the toilet; An "E" if there is poo in the underpants.</p>	Time	Urine volume	Fluid intake	#	Urine volume	Fluid intake	#
	06:00						
	07:00						
	08:00						
	09:00						
	10:00						
	11:00						
	12:00						
	13:00						
	14:00						
	15:00						
	16:00						
	17:00						
	18:00						
	19:00						
	20:00						
21:00							
22:00							
23:00							
Night							
The time you went to bed is filled here →		hr			hr		
The weight of the Pull-up is filled in here →		gram			gram		
Mark here if the following night was dry or wet →		Dry night <input type="checkbox"/> Wet night <input type="checkbox"/>			Dry night <input type="checkbox"/> Wet night <input type="checkbox"/>		
Did you wake up to do a pee during the night?		No <input type="checkbox"/> Yes <input type="checkbox"/>			No <input type="checkbox"/> Yes <input type="checkbox"/>		
If, woke to pee, volume:		mL			mL		
If "wet" in morning, fill in the new Pull-up weight here →		gram			gram		
Wake-up time next morning →		hr			hr		
How much urine (how many millilitres) did you pee in the toilet the first time next morning?		mL			mL		

Patient sticker

Name
 Date of birth
 Address

Dear parent and child please fully
 complete the following chart

Part 2 as 5 consecutive days if possible

Seven day bladder and bowel dairy – Part 2

		Day 3		Day 4		Day 5		Day 6		Day 7		
Date →												
These days you only need to mark with an "X" in the "Pee column" every time you go to the toilet and pee (you don't need to tell us the urine volume). In the "# column" marked the same as during the first two days: A "W" for wet underpants; A "L" if more than the underpants become wet; An "U" if you feel a sudden intense desire to pee; A "P" if you have a poo in the toilet; An "E" if there is poo in the underpants	Time	Pee	#	Pee	#	Pee	#	Pee	#	Pee	#	
	06:00											
	07:00											
	08:00											
	09:00											
	10:00											
	11:00											
	12:00											
	13:00											
	14:00											
	15:00											
	16:00											
	17:00											
	18:00											
	19:00											
	20:00											
21:00												
22:00												
23:00												
Night												
The time you went to bed is filled here →		hr		hr		hr		hr		hr		
The dry-weight of the Pull-up is filled in here →		g		g		g		g		g		
Mark here if the following night was dry or wet →		Dry <input type="checkbox"/>	Wet <input type="checkbox"/>	Dry <input type="checkbox"/>	Wet <input type="checkbox"/>	Dry <input type="checkbox"/>	Wet <input type="checkbox"/>	Dry <input type="checkbox"/>	Wet <input type="checkbox"/>	Dry <input type="checkbox"/>	Wet <input type="checkbox"/>	
Did you wake up to do a pee during the night?		No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	
If, woke to pee, volume:		mL		mL		mL		mL		mL		
If "wet" in morning, fill in the new Pull-up weight →		g		g		g		g		g		
Wake-up time next morning →		hr		hr		hr		hr		hr		
How much urine did you pee immediately after getting up in the morning?		mL		mL		mL		mL		mL		

Name **Enda Xample**
 Date of birth **01/02/2013**
 Address

Part 1 as 2 consecutive days if possible

Seven day bladder and bowel dairy – Part 1 with 48 hour urine measurements								
		Day 1			Day 2			
Date →		01	02	2021	02	02	2021	
<p>Every time you drink of pee record the drink or pee volume (how many mL) here →</p> <p>In the column marked with # we want you to mark these things: A "W" if the underpants become wet with urine; A "L" if more than the underpants become wet with urine; An "U" if you feel a sudden intense desire to pee; A "P" if you have a poo in the toilet; An "E" if there is poo in the underpants</p>	Time	Urine volume	Fluid intake	#	Urine volume	Fluid intake	#	
	06:00							
	07:00							
	08:00	310	200	-	110	150	-	
	09:00							
	10:00		400					
	11:00	200		-		150		
	12:00				250		U	
	13:00		200					
	14:00	250			U	250		
	15:00					240	W	
	16:00							
	17:00	155			P			
	18:00		310			150	400	-
	19:00							
20:00	210	210		-	200	150	-	
21:00	80			-	50		-	
22:00								
23:00								
Night								
The time you went to bed is filled here →		21:15 hr			21:00 hr			
The weight of the Pull-up is filled in here →		60 gram			60 gram			
Mark here if the following night was dry or wet →		Dry night <input type="checkbox"/> Wet night <input checked="" type="checkbox"/>			Dry night <input checked="" type="checkbox"/> Wet night <input type="checkbox"/>			
Did you wake up to do a pee during the night? If, woke to pee, volume:		No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> mL			No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> mL			
If "wet" in morning, fill in the new Pull-up weight here →		200 gram			60 gram			
Wake-up time next morning →		08:00 hr			08:10 hr			
How much urine did you pee immediately after getting up in the morning?		110 mL			300 mL			

Name **Enda Xample**Date of birth **01/02/2013**

Address

Part 2 as 5 consecutive days if possible**Seven day bladder and bowel diary – Part 2**

		Day 3		Day 4		Day 5		Day 6		Day 7	
Date →		03/02/2021		04/02/2021		05/02/2021		06/02/2021		07/02/2021	
<p>These days you only need to mark with an "X" in the "Pee column" every time you go to the toilet and pee (you don't need to tell us the urine volume).</p> <p>In the "# column" marked the same as during the first two days: A "W" for wet underpants; A "L" if more than the underpants become wet; An "U" if you feel a sudden intense desire to pee; A "P" if you have a poo in the toilet; An "E" if there is poo in the underpants</p>	Time	Pee	#	Pee	#	Pee	#	Pee	#	Pee	#
	06:00										
	07:00										
	08:00	✓	P	✓	-	✓	-	✓	-	✓	-
	09:00										
	10:00	✓	-			✓	-	✓	-		
	11:00			✓	-					✓	-
	12:00										
	13:00	✓	U	✓	-	✓	P	✓	P	✓	-
	14:00			✓	-						
	15:00	✓	-					✓	-	✓	-
	16:00					✓	-	✓	-		
	17:00			✓	W					✓	P
	18:00	✓	-			✓	-				
	19:00			✓	-			✓	-	✓	-
	20:00	✓	-								
	21:00	✓	-	✓	L	✓	-	✓	-	✓	-
22:00											
23:00											
Night											
The time you went to bed is filled here →		21:00 hr		20:30 hr		20:30 hr		20:30 hr		21:00 hr	
The dry-weight of the Pull-up is filled in here →		60 g		60 g		60 g		60 g		60 g	
Mark here if the following night was dry or wet →		Dry	✓	Dry	<input type="checkbox"/>	Dry	✓	Dry	<input type="checkbox"/>	Dry	✓
		Wet	<input type="checkbox"/>	Wet	✓	Wet	<input type="checkbox"/>	Wet	✓	Wet	<input type="checkbox"/>
Did you wake up to do a pee during the night?		No	<input type="checkbox"/>	No	✓	No	✓	No	<input type="checkbox"/>	No	✓
		Yes	✓	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	✓	Yes	<input type="checkbox"/>
If, woke to pee, volume:		150 mL		mL		mL		200 mL		mL	
If "wet" in morning, fill in the new Pull-up weight →		60 g		200 g		60 g		100 g		60 g	
Wake-up time next morning →		07:30 hr		08:00 hr		08:00 hr		08:00 hr		08:00 hr	
How much urine did you pee immediately after getting up in the morning?		100 mL		120 mL		310 mL		50 mL		270 mL	