Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

RCSI HOSPITAL GROUP
GRÚPA OSPIDÉAL RCSI

Paediatric Incontinence Clinic
Breffni Building
P/a Cavan General Hospital
Lisdarn
Cavan
Co Cavan
H12 Y7W1

**Pre-Arrival Assessment Pack (PAAP)**

Date: ___ / ___ / 20__ (or postmark date)

Dear parents or guardian,

You have been referred to our clinic because your child has faecal or daytime urinary incontinence, bedwetting or both. We need you to provide us with more information prior to coming to the first appointment. Please provide this information by completing the enclosed questionnaire and two charts (PAAP) BEFORE we can offer you the first appointment. Please find enclosed:

- ✓ **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 dairy – 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 dairy – 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

- ✓ Post the above complete pages to the clinic in the enclosed envelop or email to nick.vdspek@hse.ie

For questions, please ring 049 4376474

Yours sincerely,

*Prof Nick van der Spek*

_____
on behalf of the PIC clinic

# Baseline Questions Urinary Incontinence Assessment – PIC Cavan

**Regarding:**

*Patient sticker*

Name ……...
Date of birth ……
Address ……...
…….
…….

**Dear parent,**
**you will be seen shortly in our Paediatric Incontinence Clinic. Please complete the following night time wetting chart and all questions on both sides of this page and return to us before we can consider you for an appointment.**

| **Please record if your child was dry or wet at night for a period of at least TWO weeks <u>without lifting:</u>** | | | |
|---|---|---|---|
| **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 |
| **Total:** / | | | |

| **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? | □Never<br>□1-6 months | □less than 2 week<br>□6 or more month | □2-4 weeks |
| - 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<br>Why? …… | □No | |
| 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? | □Small | □Medium | □Large |
| If he wets, how many times does he/she wet per night? | □1 per night | □1-2 per night | □3 or more times |
| Does he wake up when he/she wets? | □Never | □Sometimes | □Most times |
| 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 | □Never | □Sometimes | □Most times |
| Are there any fears or problems accessing the toilet at night? | □No | □Yes | |
| Does he/she get up and use the toilet at night without wetting? | □Never | □Some nights | □Most nights |
| Does he/she share a bedroom? | □No | □Yes | |
| If sharing a bedroom, are there bunk beds? | □No | □Yes | |
| Is there a TV in the bedroom? | □No | □Yes | |
| Is he/she usually dry when sleeping away from home? | □No | □Yes | |

**<u>PLEASE CONTINUE ON THE OTHER SIDE FOR MORE QUESTIONS</u>**

| **On-going baseline questions …** | | | |
|---|---|---|---|
| Do/Did you "lift" your child during the night to put him/her on the toilet? | □Yes | □No | □ In the past only |
| Do/Did you restrict his/her fluids in the evening? | □Yes | □No | □ In the past only |
| Are/were you using any medication <u>for the wetting</u>? | □Yes | □No | □ In the past only |
| If so, what medication is/was that? | □DesmoMelt | □Ditropan/Cystrin | □Antibiotics |
| Do you use nappies/pull-ups at night for your child? | □Yes | □No | |
| Have you tried other treatments in the past ? | □Yes | □No | What?:…… |
| Do you use protective covers for Bed/Duvet/Pillow? | □No | □Yes | |

| | | | |
|---|---|---|---|
| Have you difficulties accessing the clinic? | □Yes | □No | |
| Is there another family member who wet the bed beyond age of 5 years? | □Yes | □No | Who?: ……. |
| Do you consider your child to be a very deep sleeper? | □Yes | □No | Why?: ……. |
| Are there stressing problems at school? | □Yes | □No | Is so, we'll ask for detail in clinic |
| Are there stressing problems at home? | □Yes | □No | Is so, we'll ask for detail in clinic |
| How mature is your child for his/her age? | □Less | □Average | □More mature |

| **DAYTIME SYMPTOMS** | | | |
|---|---|---|---|
| Is there any wetting or "damp pants" during the day? | □Yes | □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! | □Yes | □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? | □ Often | □Occasionally | □Never |
| Does it (ever) hurt of sting when passing wee? | □Yes | □Occasionally | □Never |
| Does he/she produce a "good stream" when peeing? | □No | □Yes | |
| Does he/she ever have blood in his/her wee? | □No | □Yes | |

| **MEDICAL DETAILS** | ***** = Is so, we'll ask for detail in clinic | |
|---|---|---|
| Did he/she ever have a kidney infection? (UTI) | □No | □Yes* |
| Did he/she ever have a fit/seizure? | □No | □Yes* |
| Does he/she pass a poo every day? | □No* | □Yes |
| Does he/she ever soil his pants? | □No | □Yes* |
| Does he/she have any other disease seeing GP or other doctor? | □No | □Yes* |
| Is there any family disruption? Parent away, sick, on-going divorce etc | □No | □Yes* |
| Is he/she on any medication, inhalers, creams etc? | □No | □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 HSE iPIMS, 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:

**Signed by parent or guardian:**

**Thank you**
**Please send this questionnaire to us before your first clinic appointment.**
**We can't do the first assessment without this information.**

*Patient sticker*

Name ……

Date of birth ……

Address ……

Dear parent and child please fully complete the following chart

**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 →** | | | | | | | |
| **Every time you drink of pee** record the drink or pee volume (how many mL) here →<br><br>In the column marked with **#** we want you to mark these things:<br>A "**W**" if the underpants become wet with urine;<br>A "**L**" if more than the underpants become wet with urine;<br>An "**U**" if you feel a sudden intense desire to pee;<br>A "**P**" if you have a poo in the toilet;<br>An "**E**" if there is poo in the underpants. | 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 ☐<br>Wet night ☐ | | | Dry night ☐<br>Wet night ☐ | |
| Did you wake up to do a pee during the night?<br>If, woke to pee, volume: | | | No ☐<br>Yes ☐<br>mL | | | No ☐<br>Yes ☐<br>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).<br><br>In the "**#** column" marked the same as during the first two days:<br>A "**W**" for wet underpants;<br>A "**L**" if more than the underpants become wet;<br>An "**U**" if you feel a sudden intense desire to pee;<br>A "**P**" if you have a poo in the toilet;<br>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 ☐<br>Wet ☐ | | Dry ☐<br>Wet ☐ | | Dry ☐<br>Wet ☐ | | Dry ☐<br>Wet ☐ | | Dry ☐<br>Wet ☐ | |
| Did you wake up to do a pee during the night?<br>If, woke to pee, volume: | | No ☐<br>Yes ☐<br>mL | | No ☐<br>Yes ☐<br>mL | | No ☐<br>Yes ☐<br>mL | | No ☐<br>Yes ☐<br>mL | | No ☐<br>Yes ☐<br>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 (how many millilitres) did you pee in the toilet the first time next morning? | | mL | | mL | | mL | | mL | | mL | |

*Patient sticker*

Name **Enda Xample**

Date of birth **01/02/2013**

Address ……

Dear parent and child please fully complete the following chart.

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* |
| **Every time you drink of pee** record the drink or pee volume (how many mL) here →<br><br>In the column marked with **#** we want you to mark these things:<br>A "**W**" if the underpants become wet with urine;<br>A "**L**" if more than the underpants become wet with urine;<br>An "**U**" if you feel a sudden intense desire to pee;<br>A "**P**" if you have a poo in the toilet;<br>An "**E**" if there is poo in the underpants. | 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 ☐<br>Wet night ✓ | | | Dry night ✓<br>Wet night ☐ | |
| Did you wake up to do a pee during the night?<br>If, woke to pee, volume: | | | No ✓<br>Yes ☐<br>mL | | | No ✓<br>Yes ☐<br>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 (how many millilitres) did you pee in the toilet the first time next morning? | | | *110* | mL | | *300* | mL |

*Patient sticker*

Name **Enda Xample**

Date of birth **01/02/2013**

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 →** | *03/02/2021* | | *04/02/2021* | | *05/02/2021* | | *06/02/2021* | | *07/02/2021* | |
| 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).<br><br>In the "**#** column" marked the same as during the first two days:<br>A "**W**" for wet underpants;<br>A "**L**" if more than the underpants become wet;<br>An "**U**" if you feel a sudden intense desire to pee;<br>A "**P**" if you have a poo in the toilet;<br>An "**E**" if there is poo in the underpants | 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 ✓<br>Wet ☐ | | Dry ☐<br>Wet ✓ | | Dry ✓<br>Wet ☐ | | Dry ☐<br>Wet ✓ | | Dry ✓<br>Wet ☐ | |
| Did you wake up to do a pee during the night?<br>If, woke to pee, volume: | | No ☐<br>Yes ✓<br>*150* mL | | No ✓<br>Yes ☐<br>mL | | No ✓<br>Yes ☐<br>mL | | No ☐<br>Yes ✓<br>*200* mL | | No ✓<br>Yes ☐<br>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 (how many millilitres) did you pee in the toilet the first time next morning? | | *100* mL | | *120* mL | | *310* mL | | *50* mL | | *270* mL | |