

Faecal Incontinence in Tamariki/Children and Rangatahi/Young People

Purpose

The purpose of this guideline is to align nursing actions when working with tamariki/children referred for:

- Faecal incontinence

This document outlines the roles and responsibilities for the Public Health Nurse, to ensure appropriate assessment, monitoring, record keeping, management and evaluation.

Applicability

This guideline applies to all staff working within the Public Health Nursing Service Waitaha.

Exclusions

Tamariki and rangatahi with constipation and/or faecal incontinence concerns with neurodivergent diagnoses, do not meet Public Health Nursing Service (PHNS) criteria and require assessment/medical management via general practice or Nurse Maude.

Definitions

Constipation: Decreased frequency of bowel movements, hard or dry stools, difficulty or pain passing stools or incomplete bowel movement. The constipated child may attempt to avoid pain the next time by stool withholding.

Faecal incontinence (previously encopresis): Is the term for soiling in children over the age of four years. In many cases it develops as a result of long-standing constipation (Proctor and Loader, 2003).

Optimal Bladder Health: Indicated by voiding 4-7 times each day, for children this can range from 2-3hrly. When tamariki/children are well hydrated their urine will be pale yellow (refer [NZ Continence Urine Chart tool](#))

Optimal Bowel Health: Healthy bowel habits are different for everyone, indicated by bowels opening from four times per week to twice daily. Ideal stool is Type 4 (Bristol Stool Chart) soft and easy to pass.

Poo diary: Two-week bowel diary (PHNS). An expanded version is available.

Gastrocolic Reflex: Physiological response where the presence of food in the stomach stimulates the colon to contract and move stool towards the rectum. Seeing and smelling food can also trigger this reflex which occurs within 15-30 minutes of eating.

Important considerations

Faecal incontinence can be frustrating and upsetting for tamariki, it requires discretion and sensitivity throughout engagement with the individual and their whānau. Providing awareness that they are not alone and tailoring your assessment and delivery of care to be child-focused may assist in reducing embarrassment/shame and improving engagement.

The Public Health Nursing Service aspires to promote and protect the rights of children and young people - [Charter on the Rights of Tamariki Children and Rangatahi Young People in healthcare services in Aotearoa New Zealand](#)

Public Health Nurses can support tamariki, whānau and education settings to promote good bladder and bowel habits, ensuring self-care needs are met, by assessing and offering guidance and education which promotes independence and maintains privacy and dignity.

Bladder and bowel function is interrelated. Constipation is often commonly recognised as the underlying cause of faecal incontinence, daytime wetting and urinary tract infections. It may also be present in nocturnal enuresis.

Management

Nursing management

The nurse assigned will:

- As part of the initial assessment, complete contact and disclosure to identify and record any restricted contacts; complete risk assessment (eProsafe as required); and complete PHN Nursing and Continence Assessment (HCS) including, but not limited to, history, risk factors, pending/completed investigations, medications/complimentary therapies, causes/triggers, contributing whānau /social factors and social determinants of health. All documentation must be in accordance with NZ Nursing Council guidelines.
- Obtain specific information eg. two-week poo diary, fluid diary, fluid balance.
- Talk directly with the child/young person as this can reveal information that parents cannot always provide. Successful intervention requires working in close collaboration with the child.
- Consider health literacy of all supporting whanau. Communicate in age appropriate and familiar language, aided by pictures, stories and videos as required (refer to online resources within this document).
- Timely and thorough referral to general practice (via ERMS) for assessment and management of constipation, when suspected.
- Medication for childhood constipation is to be managed by a prescribing health professional.
- Where disimpaction regime is prescribed, refer to PHNS disimpaction guidelines.
- Suggest/facilitate initial 1-2 weekly review in general practice regarding medication regimes, in accordance with Community HealthPathways.
- Advise of the importance of seeking medical review if:
 - two days pass with no bowel movement (once laxatives have been initiated and are being used as prescribed).
 - increasing discomfort.
 - intolerance to prescribed medication.
- Plan, set, review and evaluate goals that promote optimal bladder and bowel health, self-care and independence.
- Provide education related to establishing:
 - Healthy bladder habits – voiding 4-7 times per day
 - Healthy bowel habits – opening bowels from four times per week to twice daily, Bristol stool type 4.
 - Increasing daily fluid intake and drinking in volumes – 5-6 evenly spaced drinks each day.
- Document subsequent clinical contacts in HCS progress notes contemporaneously. Record PHN client appointments as per approved internal process.
- Work in partnership with child and whānau to implement continence toolkit/plan adjusting as required to meet need.
- Work in partnership with education kaimahi and child to implement continence toolkit/plan for use within the education setting.

- Encourage, with parental consent, ERMS communication between education and general practice, and/or application for High Health Needs Funding.
- Direct education kaimahi to additional resources available on [Stronger Schools](#).
- Support whānau to build positive and ongoing relationships with general practice/Hauora Māori service (ongoing medical management as per HealthPathways).
- Consult with Clinical Nurse Manager/Clinical Coordinator/PHN Continence Leads, and/or relevant clinical team, eg. Child & Family Safety Service, regarding further assessment and management as appropriate for any of the following concerns:
 - Complex family dynamics
 - Unsupportive living environment
 - Child wellbeing concerns
- Address discharge planning throughout engagement with whānau.

Child and whānau education

The nurse assigned will:

- Assess child/whānau health literacy and knowledge and tailor education to the appropriate level.
- Advise faecal incontinence is not associated with laziness, attention seeking, poor behaviour nor is it the child's fault.
- Provide Good Bladder and Bowel Habits information to all tamariki referred for incontinence, regardless of age.
- Promote healthy habits regarding nutrition, physical activity, establishing toileting routines, use of toileting aids (eg. step stool) and correct toilet position to aid in the prevention of constipation.
- Guide whānau and education kaimahi to keep toileting language and interaction positive and fun, with praise for all attempts. Tamariki learn through play and role modelling
- Support to encourage routines within the home and education setting:
 - Tamariki need to be actively involved in all steps of the process.
 - Educate tamariki/whānau/kaimahi about gastrocolic reflex.
 - Discuss common physical cues/sensations and timing, to facilitate toilet sits.
 - Implement 3-5 minute toilet sits, 15-30 minutes post meals as informed by the child's cues.
 - Discuss correct toilet position.
 - Change out of soiled clothing standing next to the toilet.
- Refer to appropriate agencies/support services where indicated.

Supporting material

Controlled documents

- Good Bladder and Bowel Habits in Children (Ref.2401126)
- Poo Diary (Ref.2411664)

Online resources

- [KidsHealth - Constipation](#)
- [Modified Bristol Stool Chart](#)
- [Continence NZ – Information for Children/Teenagers](#)
- [ERIC - Constipation](#)
- [ERIC - Soiling](#)
- [Canterbury Community HealthPathways](#)
- [Listening to Families](#)
- [Continence Foundation of Australia e-Continence Module 3: Assessment and Management of Bowel Dysfunction](#) see Common Folder > PHN > Continence > e-Continence Modules