

Baseline Bladder / Bowel Chart (Toileting Chart)

Information regarding completing the chart

To help plan a timed toileting programme (step 3) and identify any underlying problems, such as constipation, a baseline bladder and bowel chart should be completed.

The chart should be maintained for at least three full days, or however long the parent or carer can manage. The days do not need to be consecutive, but the child needs to be home for most of the time as schools and nurseries do not usually have the resources to help. The more days recorded, the easier it is to identify patterns in bowel actions and voids (wees). Knowing the pattern, if there is one, can help inform the timed toileting programme.

Modern disposable nappies contain super-absorbent material that locks away urine, keeping the top layer dry against the child's skin. While this maintains skin health, it reduces the likelihood of the child feeling wet. It also makes it difficult to determine how often a child passes urine each day and whether they are dry after a nap, for example.

Therefore, to complete the chart, something needs to be placed inside the nappy, to make it easier to see if the child has passed urine. A folded piece of kitchen roll (one that does not disintegrate when wet) works well.

At the first nappy change of the day, fold a piece of kitchen roll and put it inside the nappy. The nappy/pull-up is then checked every hour the child is awake and a note is made on the chart whether the kitchen roll was wet (W), or dry (D), or if the child has had their bowels opened (B). If the kitchen roll pad is wet it should be changed, but the nappy/pull-up can stay on until it cannot hold any more urine, or is soiled i.e. when it would normally be changed.

If the child indicates or asks to sit on the toilet or potty, put a T in the pad column. If the child has had a wee while on the potty or toilet then write TU, or TB for a poo. Otherwise, during this assessment period, the child should not be prompted to sit on the potty or toilet to enable the bladder's usual filling and emptying cycle to be identified.

Every time the child has a drink, that should be recorded in the drinks column, with the volume and type of drink if possible. If the child has a tube feed, that should also be recorded in the drink's column, with the volume. The chart is then evaluated, and the findings are used to help inform the timed toileting programme.