



Individual Healthcare Plan

Template for children with bowel and/or bladder problems

An individual healthcare plan is essential to ensure a child's needs are sensitively and effectively met and that all people responsible for the child understand their needs. It promotes consistency and good joint working. A plan will need to be adapted for the child's placement. This template plan was produced by ERIC, The Children's Bowel & Bladder Charity, with extensive input from Dr Eve Fleming, a community paediatrician and Brenda Cheer, a Paediatric Continence Specialist Nurse. The plan has been reviewed by a school nurse, a paediatrician, and two families of school-age children with continence problems. At the end of this template plan you will find a sample fictional plan.

Tips for creating a child's healthcare plan:

- 1. Involve others in preparing the plan** - Involve the child, if appropriate, their parents or guardians and any relevant school staff and healthcare professionals. Many local authorities and schools have information about individual health care protocols so it is helpful to consult these.
- 2. Give detailed information about the child** - Include information about the child's interests, skills, behaviour and emotional needs, as well as the words or signs they use for toilet, wee or poo. Clarify what they can do for themselves and what help they need from someone else.
- 3. Be clear about reward systems** - Give details of reward systems that are successful and make sure they are given for effort, not just for success. They need to be changed regularly to keep the child interested and adjusted to meet the changing needs of the child.
- 4. Monitor and communicate progress** - Include details of how the child's condition should be monitored and how information needs to be shared between school and home. This could be done using a home-school communication book.
- 5. Provide supplementary information** - Attach relevant letters, reports and information that can ensure a good understanding of the child, their needs and how to meet them. Include details of useful organisations such as ERIC, The Children's Bowel & Bladder Charity.
- 6. Notify others of the plan** - Make sure the parent(s) or guardian(s), family doctor, school nurse and other professionals involved in the care of the child have a copy of the plan and are given opportunities to comment on it and feedback information.
- 7. Review the plan** - Set an agreed date to review the plan and consider how this will be done. A plan that is out of date is of no use and is likely to be ignored.

My Health Care Plan

Date of plan:

Planned review date:

(The plan should be reviewed annually or more frequently if the child's situation changes)

Name of person completing plan and their role:

Child's/young person's details

Child's name	
Date of Birth	
Year group	
Home address	
School name	
School address	

Family contact information

Name		
Relationship to child		
Telephone number	Home Work Mobile	
Email		
Address if different to child		
Name		
Relationship to child		
Telephone number	Home Work Mobile	
Email		
Address if different to child		
Siblings' names		

Health contacts

Specialist nurse	
Consultant	
General Practitioner	
School nurse	

Education contacts

Class teacher	
Special Needs coordinator (if relevant)	
Other support staff in school	

Description of child

Give brief details of child's interests, behaviour and relevant conditions, e.g. speech and language, mobility (more detailed information about the child may be available).

Description of continence problem

Medication

Name of medication. If any medication needs to be taken in school refer to the school's medication documentation.

Management and routine (e.g. details of drinking and toileting routines and goals to be achieved)

Hygiene and help required for personal care

Arrangements for school visits/trips etc

Use and disposal of continence products

Arrangements for soiled clothes and underwear

Reward systems

Possible difficulties that could arise and actions to be taken

Goals for continence management

Goals for the child

Training delivered by

I (insert name and role) confirm that I trained (insert name of staff trained) to deliver the care detailed above on (insert date of training).

Training delivered			
First name		Last name	
Role			
Signed		Date	

Parent or guardian consent for implementation of above care plan

I (insert name), (insert relationship to child) of (insert child's name) agree to (insert carer name) to care for my child as detailed in the above plan.

First name		Last name	
Relationship to child			
Signed		Date	

Staff/carer agreement to deliver care (primary member of staff)

I (insert name and role) agree to deliver care as detailed above following training which I have received from (insert name of person who delivered training).

First name		Last name	
Role			
Signed		Date	

Staff/carer agreement to deliver care (additional person trained to deliver care)

I (insert name and role) agree to deliver the care detailed above following training which I have received from (insert name of person who delivered training).

First name		Last name	
Role			
Signed		Date	

Staff/carer agreement to deliver care (additional person trained to deliver care)

I (insert name and role) agree to deliver the care detailed above following training which I have received from (insert name of person who delivered training).

First name		Last name	
Role			
Signed		Date	

Reassessment of carer

The carer's training and ability to deliver care should be reviewed at least every six months.

Date of assessment		Next assessment due	
First name of assessor		Last name of assessor	
Signed by assessor		Date	
First name of carer		Last name of carer	
Signed by carer		Date	

Additional information attached (list additional documentation that complements the plan)

Useful contacts

ERIC, The Children's Bowel and Bladder Charity – provides information, support, training and resources to manage bowel and bladder difficulties. ERIC's Guide to Managing Children's Continence Problems in Schools contains information about childhood continence problems, how to create a continence policy and individual health care plans, how to promote bladder and bowel health in schools and ways to support children with special needs who have continence issues. Download it from www.eric.org.uk

PromoCon – Part of the charity 'Disabled Living', providing advice and support to adults and children with continence difficulties and complex needs. www.disabledliving.co.uk/PromoCon

Sample plan (fictional)

Child's/young person's details

Child's name	Sam Parker
Date of Birth	12 th September 2009
Year Group	Year 3
Home address	9 Tree Lane, Norwich, N01 1LR
School name	All Saints Primary
School address	3 School Lane, Norwich, N01 3PT

Family contact information

Name		Sally Parker
Relationship to child		Mother
Telephone number	Home	01322 356748
	Work	01322 358767
	Mobile	07429612677
Email		Sally.parker@btinternet.com
Address if different to child		
Name		Jo Parker
Relationship to child		Father
Telephone number	Home	01322 356748
	Work	01322 356988
	Mobile	07496675563
Email		Jo.parker@btinternet.com
Address if different to child		
Siblings' names		Joelle Parker, Jamie Parker

Health contacts

Specialist nurse	
Consultant	Dr Peter Kelly
General Practitioner	Dr Andrew Billings
School nurse	Jean Taylor

Education contacts

Class teacher	Mrs Linda Samson
Special Needs coordinator (if relevant)	
Other support staff in school	

Description of child

Sam is a lively active little boy who loves playing outside. He is interested in nature, especially frogs and toads. He is chatty, but it is sometimes difficult to understand all he says, as his speech is not always clear especially if he is excited. He loves being read to. He likes school, but sometimes gets upset if he is tired. His best friend is Jack and they like playing with Lego.

Description of continence problem

Sam suffers from constipation and is on regular treatment for this. It is thought that there is no abnormality in his bowel. He has frequent wetting and soiling accidents in the day and wets the bed most nights. Sam does not appear to know when he needs to go to the toilet. He does go and try if he is reminded. He has learned to sit on the toilet. Constipation makes him irritable. Sam was teased at school last term about being smelly and became very upset and reluctant to go to school.

Medication

Sam takes 2-3 movicol sachets each morning. He does not always like these, but will sometimes take them with a straw, or mixed with diluted lime juice. The dose of medicine is adjusted to make sure he opens his bowels, and his mother has been given advice about this. (She needs to have details about Sam's bowel pattern to help decide how much medication he needs. See Sam's chart and information about his medication.

Management and routine (e.g. details of drinking and toileting routines)

- Sam to go to the toilet 3 times a day. He must be taken to toilet by [insert name of supervisor] after morning play and lunch and mid-afternoon. If he soils significantly in-between these times he needs help to attend to personal hygiene and change his pad and if necessary his clothes. Sam should be praised for going to the toilet to try to wee or poo.
- Sam to consume the bottle his parents send in with him during the school day (at least 500mls). He must be prompted to drink before break times by [insert name of supervisor].
- Information to be recorded in home school communication book and sent home with Sam every day.

Hygiene and help required for personal care.

He can dress and undress himself and wash his hands. Sam is able to change wet pads and clean himself with a wet wipe if he is slightly soiled, but he may not always notice when he needs to change and may need prompting. If he has a large amount of soiling he will need help from an adult to clean himself and may need access to appropriate washing facilities.

Arrangements for school visits/trips etc

Sam can go on school trips but he must have spare clothes, pads and wet wipes. His parents will provide this. He should be reminded to drink and go to the toilet when on the trip. Staff should ensure he has access to a toilet, e.g. if on a school coach Sam should sit close to the toilet.

Use and disposal of continence products

Sam wears small continence pads. He has special protective swim trunks for swimming. Pads can be disposed of in the normal waste.

Arrangements for soiled clothes and underwear

Soiled underwear can be put in a waterproof bag, and sent home for washing. Sometimes other items of clothes may be soiled and need to be changed. His parents have agreed to send in spare

clothing and wet wipes and pads in his rucksack. Sam should have easy access to this.

Reward systems

Give Sam a chocolate button when he tries to go to the toilet when he is reminded. Give him a picture of a frog if he does a poo in the toilet. The rewards may need to be reviewed with Sam's parents if he is getting bored and needs a change.

Possible difficulties that could arise and actions to be taken

When Sam is constipated he suffers from overflow soiling. This can sometimes have the appearance of diarrhoea. Sam does not need to be sent home as this is NOT infectious. He should only be sent home if he is unwell e.g. he is vomiting as well as passing loose stools.

Goals for continence management

- To establish a regular toileting programme – by the end of the first term Sam goes to the toilet at similar times each day.
- To record events and progress in the home school communication book (e.g. when Sam has a wetting accident or manages to change his pad by himself).
- To reduce the frequency and amount of soiling and wetting (measurable by reviewing the home school communication book).

Goals for the child

- Sam to gradually increase the amount he drinks each day aiming to be able to finish his 500mls drink that his parents send with him in a day by half-term.
- Sam to be able to change his pad himself by the end of term.

Additional information attached

Letter from Sam's consultant.

Speech therapy report

Information about Movicol from Norgine the manufacturer