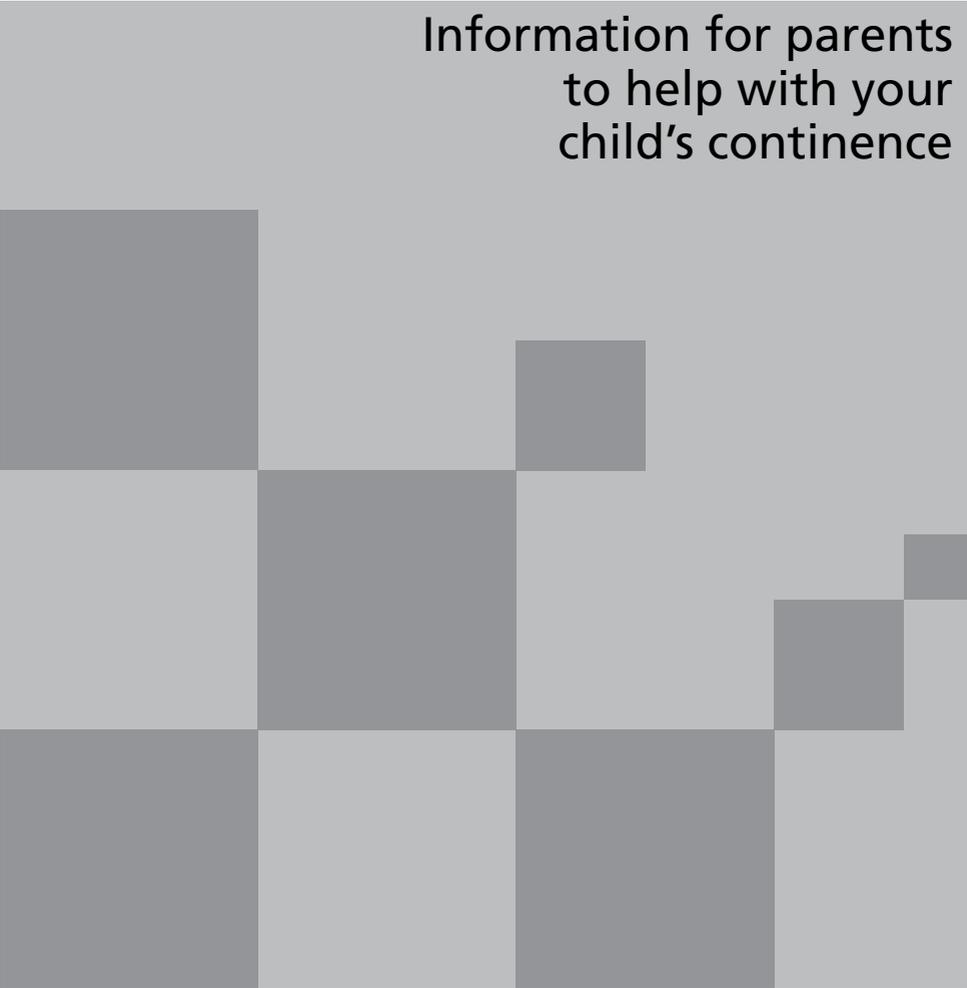


The Children's Hospital

# Children's fluid management

Information for parents  
to help with your  
child's continence



Incontinence is a problem and can be very embarrassing for children at any age. This leaflet contains some information to help with your child's continence.

## Symptoms of incontinence

Below are some symptoms your child may be experiencing:

- Wetting
- Leaking or dribbling
- Urgency – needing to get to the toilet in a hurry
- Frequency – needing to wee too often
- Not being aware of the need to wee beforehand

## Drinking enough fluids

**Drinking less does not help.** Do not restrict your child's fluid intake, this only makes problems worse. This is because your child's bladder will get used to holding a small amount of urine. This urine will become concentrated and irritate your child's bladder, leading to more wetting.

Recommended fluid intake for children per day:

1-3 years	1 litre
4-8 years	1.2 litres
9 years plus	1.5 litres

Your child should be drinking mainly water. Fizzy drinks, those that contain caffeine, E numbers, colorants or red berries are known to irritate the bladder and are best avoided. **The best drink is water.**

It is important that your child drinks regularly throughout the day

and this may involve drinking at school. Taking a bottle of water to school is a good way to ensure that water is available to them. This will be discussed with you. If you would like your child's school contacted, please let your Nurse Specialist know.

## Going to the toilet

Your child should plan to go to the toilet about 6 times a day (every 2 hours). This should fit in with school break times to avoid disruption during lessons. You should discuss this with your child's teacher.

It is important that your child feels comfortable and secure. A toilet stool may be required if they sit and their feet do not touch the floor or if they stand and have to stretch to reach the toilet.

If it has been discovered that your child is not fully emptying his or her bladder, it might be necessary to try 'double voiding'. This means that when your child thinks they have finished, they should count to 10 and try again. Sometimes it will be necessary to return to the toilet 5-10 minutes later. Your Nurse Specialist will discuss this with you.

## Recording your child's progress

Progress can be gradual and it will help to see the difference by keeping a record on a Frequency Volume Chart. Please ask your nurse how to complete this accurately. It is very important to bring this to every appointment.

It might take some time to see real progress and will need a lot of hard work from the whole family.

## Further information

For further advice and information, you might want to visit the following website: **[www.Eric.org.uk](http://www.Eric.org.uk)**

You may also contact:

Paediatric Urology Nurses  
Children's Day Care Ward  
Children's Hospital  
Headley Way  
Oxford OX3 9DU

Tel: (01865) 234156

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call **01865 221473** or email **[PALSJR@ouh.nhs.uk](mailto:PALSJR@ouh.nhs.uk)**

Louiza Dale, Angela Downer, Paediatric Urology Nurse Specialists  
Version 2, July 2012  
Review, July 2015  
Oxford University Hospitals NHS Trust  
Oxford OX3 9DU  
[www.ouh.nhs.uk/](http://www.ouh.nhs.uk/)