
Alberta Aids to Daily Living

PROGRAM



Pediatric Incontinence

PROGRAM MANDATE:

The Alberta Aids to Daily Living (AADL) program helps Albertans with a long-term disability, chronic illness or terminal illness maintain their independence in their home by providing medical equipment and supplies to meet their basic medically assessed needs.

What is pediatric incontinence?

Children develop control of their bowel and bladder function at different ages. Children typically obtain daytime control before nighttime control. It is not uncommon for children to have “accidents” even after they have been toileting independently for some time.

Enuresis is the medical term for urinary incontinence in children. It may be primary enuresis, in children who have never been dry, or secondary enuresis, where the child is incontinent at least twice a month for six months or more, after being dry for some time.

A child is not considered *enuretic* until after age 5, as many children with healthy developmental progress may not achieve complete bladder and bowel control until this age.

Common Myths About Incontinence

Myth: Decreasing my child’s fluid intake will decrease their incontinence.

Fact: *Decreasing fluids can lead to dehydration, which can actually increase incontinence.*

Myth: Once my child has been diagnosed with incontinence, nothing can be done about it.

Fact: *Incontinence can almost always be successfully cured, treated or managed.*

Myth: All children gain control of their bladder and bowels at the same age.

Fact: *Children develop control at different ages depending on their physical and cognitive development, as well as their environment. It is typical for a child to develop bladder and/or bowel control between two and five years of age.*

Healthy Bladder Tips

- Maintain adequate fluid intake
- Practice prompted voiding
- Practice bladder retraining
- Limit intake of colas
- Limit caffeine intake
- Avoid constipation
- Exercise on a regular basis

Strategies for Managing/Decreasing Incontinence:

■ Ensure adequate hydration.

Maintenance fluid is the amount of fluid that the body needs in order to replace regular daily losses. The requirements for maintenance fluids vary with the weight of the child. In general, maintenance fluids can be considered the **minimum** fluid intake that a child needs in order to avoid dehydration.

Use the formula* below to determine your child's minimum fluid requirements:

Calculation:

100 mL/kg for the first 10 kg body weight
 + 50 mL/kg for the next 10 kg body weight
 + 20 mL for every kilogram of body weight over 20 kg

Example:

For a 15 kg child, the minimum fluid required over a 24 hour period is:

$$(10 \text{ kg} \times 100 \text{ mL/kg}) + (5 \text{ kg} \times 50 \text{ mL/kg}) = \mathbf{1250 \text{ mL}}$$

** Health Canada (2002)*

How does dehydration promote incontinence?

Dehydration is the result of inadequate fluid intake. Many people think that if they limit their fluid intake they will not have to visit the bathroom as often or experience as much wetting; however, the opposite is true. Not drinking enough fluid can increase the need to void, increasing incontinence. Dehydration can also promote the development of urinary tract infections.

- **Drink fluids throughout the day and limit fluids at night.**
Try limiting your child's fluids two hours before bedtime. This will decrease the workload on the bladder and decrease the child's urge to void during the night.
- **Keep a bladder diary.**
Keep a record of how much and when your child eats, drinks and voids throughout the day. It may help you and your health professional recognize patterns in your child's incontinence.
- **Practice prompted voiding and prompted bowel movements.**
Sometimes referred to as "voiding by the clock," prompted voiding involves toileting at regular intervals throughout the day. For example, have your child void every 2 hours, regardless of whether the urge to void is present. This may involve waking your child during the night for scheduled bathroom visits. Regular voiding patterns prevent the bladder from becoming over-stretched, which often encourages incontinence. Prompted bowel movements follow a similar pattern. It is helpful to take advantage of the body's normal digestive system to produce stool and practice sitting your child on the toilet 30 minutes following meals, even if the urge to defecate is not present.

■ Practice bladder training.

Bladder training can help your child improve his or her bladder control, which involves gradually holding on longer before going to the bathroom. Guide your child through the following bladder training steps:

1. Start a notebook or diary.
2. For two days, write down each time your child goes to the bathroom.
3. After two days:
 - a. Try to gradually increase the time between visits to the bathroom.
 - b. Each time your child feels the urge to go, encourage him or her to hold it for a few minutes longer. At first it will be difficult, but it will get easier. Keep on trying!
 - c. To track your child's progress, continue writing down each time your child goes to the bathroom. The aim is to reduce the number of bathroom visits to five or six times every 24 hours.
4. If your child wakes up at night with a full bladder it is best to empty it right away. Resisting the urge to void will only keep you and your child awake.

Tips for helping your child hold on:

- a. When your child feels the urge to go, STOP! Do not run to the bathroom.
- b. Encourage your child to relax and breathe slowly and deeply.
- c. Tell your child to squeeze his or her pelvic muscles hard for four times.
- d. It may help your child to sit on a hard seat.
- e. Get your child's mind off of the urge to go by thinking of something interesting.

■ **Manage constipation.**

The following are just a few of the interventions that can help your child achieve a regular bowel pattern:

- **Increase dietary fiber.** As a general rule, a child should consume their age plus five grams of fiber each day. This means that at age 3, the child should consume 8 grams of fiber daily; at age 5, 10 grams of fiber, etc. It is important to remember that as fiber intake increases, so must fluid intake. Your child should receive at least 2 ounces of non-dairy fluid for every gram of fiber that he or she consumes. Fruits, vegetables, legumes and whole-grain breads and cereals are great sources of additional fiber.
- **Decrease intake of dairy products.** Milk and milk products are constipating. Please speak with your family physician or dietician for further information.
- **Prompted bowel movements can be part of the development of a healthy bowel routine.** Practice sitting your child on the toilet 30 minutes following meals even if the urge to defecate is not present.
- **Exercise daily.** Regular exercise is an important part of a healthy bowel routine. Walking, for example, encourages the movement of feces through the bowel and promotes regularity.
- **Ensure proper foot support** when toileting. Having feet supported helps to relax the pelvic muscles and makes it easier to bear down when passing stool.
- **Massage the abdomen.** Lightly massaging the abdominal area in a clockwise pattern, following the path of the bowels, can encourage a bowel movement.

How does constipation promote incontinence?

Constipation can lead to increased incontinence as the full bowel puts pressure on the bladder. Chronic straining when emptying the bowels can also weaken the pelvic floor muscles, which are essential for bladder control. If a child has irregular, hard, dry stools or strains when having a bowel movement, it is probably due to constipation.

■ Limit intake of bladder irritants.

Try to decrease your child's consumption of caffeinated beverages, dark colas, acidic foods (such as tomatoes), chocolate and aspartame (a sugar substitute) that your child consumes as these products can irritate the bladder, increasing incontinence.

■ Strengthen your pelvic floor muscles.

The pelvic floor is made up of layers of muscle that stretch from the pubic bone to the base of the spine, creating a hammock that supports the bladder and bowel. This muscle should remain tight to prevent leakage. Regular exercise promotes strong pelvic muscles, which are essential to maintain continence.

■ Use appropriate bathroom equipment.

Use of specialized bathroom equipment can make successful toileting possible. For example, a specialized pediatric commode can fully support a child who is unable to sit safely without assistance. See your health care professional for information or for a bathroom assessment.

Who is eligible for AADL benefits?

- AADL provides incontinent supplies (diapers) for children over the age of 36 months of age who have a daily chronic, non-resolving urinary and/or bowel incontinence due to either:
 - a) Neurogenic diagnosis;
 - b) Neurological diagnosis (i.e. cerebral palsy); or
 - c) A moderate to severe discrepancy between the child's developmental age and the chronological age, and a moderate systems delay (cognitive, physical, behavioral, social) that impacts their ability to achieve continence.
- To qualify for incontinence supplies the child must:
 - be an Alberta resident;
 - have a valid Alberta Personal Health Number (PHN);
 - have been assessed by an AADL authorizer; and
 - be between the ages of 36 months and 18 years.
- The program does not provide funding for clients with:
 - post-surgical incontinence;
 - psychological incontinence (voluntary control of incontinence);
 - simple stress or urge incontinence;
 - menses;
 - acute drug-induced side effects;
 - nighttime enuresis (bedwetting);
 - children under the age of 36 months of age;
 - incontinence that has been present for less than 6 months;
 - incontinence that has not been investigated; or
 - incontinence for which strategies have not been implemented, evaluated and re-assessed.

Obtaining incontinence supplies from AADL

1. How do I get my child's incontinence assessed?

- Contact your regional health authority to make an appointment for an assessment by an approved AADL authorizer. AADL authorizers are health care professionals (typically a registered nurse, physical therapist or occupational therapist) who are trained and approved to authorize AADL benefits, including incontinence supplies.
- The AADL authorizer will complete a urinary assessment form.
- You will be required to complete a three-day bladder diary. This three-day diary provides the authorizer with a “snapshot” of your child’s fluid intake and bathroom routine.
- The authorizer will also ask how the child’s incontinence has been managed and what products have been used.
- The authorizer will have you try behavioral modifications, including changing your child’s fluid intake, bowel regime and toileting strategies. The authorizer may suggest you obtain a referral from your family doctor to a pediatrician and/or urologist for further assessment.
- If your child is eligible for incontinence supplies or bathroom equipment through AADL, the authorizer will authorize products based on your child’s clinical need.
- The authorizer will provide you with an authorization form along with any other information you may require.
- The authorizer will provide you with a list of AADL vendors in your area where you may get your incontinence supplies and/or bathroom equipment.

Remember your initial visit with an authorizer is to assess your child's eligibility. Not all children will qualify for AADL assistance.

2. Where do I get my child's incontinence products/supplies?

- Go to any AADL authorized vendor on the list provided by the AADL authorizer. AADL will not cover the cost of products or supplies purchased from stores that are not on the AADL vendor list.
- Take the authorization form provided by the authorizer and present it to the vendor.
- AADL vendors do not assess or authorize clients for incontinence supplies; however, AADL vendors are informed of different products that are available and can help match your child's clinical need with the appropriate product. Often vendors will provide samples as requested by your authorizer during the assessment process.

3. Do I pay for my child's incontinence supplies?

- AADL is a cost-share program. Clients pay 25 per cent of the cost of the incontinence supplies to the AADL vendor. The AADL vendor will bill AADL directly for the remaining 75 per cent.
- There are exemptions from cost-share for low-income clients. Consult your AADL authorizer for information on cost-share exemption.
- AADL provides assistance for incontinence supplies in two-month periods.
- The AADL program pays a pre-determined price for all incontinence supplies, called a benchmark price, that each vendor must be able to provide. If you want a more expensive product, you will have to pay the cost difference between the benchmark price and the price of the product you choose.

- AADL does not reimburse clients or pay for incontinence supplies purchased before an AADL authorizer has completed an authorization.
- AADL does not provide assistance with “swimmer” diapers, “feel wet” diapers or enuresis/moisture alarms.

4. Is there a limit on the quantity of supplies?

- Yes. AADL approves a maximum of 400 diapers every two months. This number is based on best practice and current research for children with long-term and moderate to severe urinary and/or fecal incontinence.
- If your child is using more than 400 diapers every two months, further assessment by an authorizer is needed. The authorizer will have you try various strategies to decrease incontinence, along with trying different products.

AADL has minimum absorbency standards and maximum quantity guidelines for all incontinence products. These standards and guidelines are based on best practice and current research.

5. Where do I get my child’s bathroom equipment?

- Your authorizer will review appropriate equipment choices with you and arrange for trial equipment to be delivered to your home. This is a “dry” trial to ensure the equipment fits your child and your bathroom.
- Upon successful trial, the authorizer will complete an equipment authorization and submit it to AADL for processing.

AADL is a program of Alberta Seniors and Community Supports

For more information, contact your regional health authority or:

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Deaf/hearing impaired callers within Alberta using a TTY can reach the provincial government by dialing 427-9999 in Edmonton or 1-800-232-7215 throughout Alberta.

Visit our website at:
www.seniors.gov.ab.ca/AADL