

# POTTY TRAINING FLOWCHART



## ASSESSMENT

Complete ERIC's Early Years Healthy Bladder and Bowel Assessment Chart.

## DRINKING

Child should drink minimum of 5 full cups of fluid at nursery during whole-day session, or equivalent for part-day.

## BOWELS

If poo problem is identified, discuss with family and provide signposting to [ERIC's Guide to Children's Bowel Problems](#).

**GO!**

## PREPARATION

Choose words to use, involve child in nappy changing process, introduce equipment and talk about peers who are potty training.

## READINESS

Check [ERIC's Guide to Potty Training](#) for signs of readiness. Can they stay dry for an hour or two, are they doing a soft poo every day?

## ROUTINE

Prompt for wees every couple of hours, try for a poo 20/30 minutes after meals. Boys to sit for wees to help them learn to poo and empty bladder.

## PRAISE & PROGRESS

Track progress using ERIC's Potty Training Record. Praise effort the child is making not just success.

## EARLY YEARS HEALTHY BLADDER AND BOWEL ASSESSMENT

Name of person completing form: _____	
Job title: _____	Date completed: _____
Child's name:	Male/Female
Date of birth:	Age:

Usual drinking pattern		
TIME	TYPE OF DRINK	AMOUNT

Usual bowel pattern	
NUMBER OF POOS PER DAY	
TYPE OF POO (Bristol Stool Chart)	
SIZE OF POO	
IF POTTY TRAINED – ANY SOILING?	
If unable to describe pattern or habit is random, suggest completing ERIC <i>Poo Diary</i> for at least a week.	
ANY BEHAVIOUR ASSOCIATED WITH POOING?	

Any history of constipation?                      Yes / No                      Details: \_\_\_\_\_

Any history of Urinary Tract Infection?                      Yes / No                      Details: \_\_\_\_\_

Any medication for bladder/bowels?                      Yes / No                      Details: \_\_\_\_\_

*Please use the back of the form to document any other comments*

## POTTY TRAINING RECORD

Child's name:	Date of birth:	Age:
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Date	Time	Poo in potty – amount small/medium/large	Any soiling? - amount small/medium/large	Stool type 1 - 7	Wee in potty – amount small/medium/large	Any wetting? – Amount small/medium/large	Did child ask for potty or were they prompted to go?	Any other comments

Date	Time	Poo in potty – amount small/medium/large	Any soiling? - amount small/medium/large	Stool type 1 - 7	Wee in potty – amount small/medium/large	Any wetting? – amount small/medium/large	Did child ask for potty or were they prompted to go?	Any other comments

# THE BRISTOL STOOL CHART FOR CHILDREN

## THE BRISTOL STOOL CHART FOR CHILDREN Choose your



### Type 1



**Looks like: Rabbit Droppings**  
Separate hard lumps. Like nuts (hard to pass)

### Type 2



**Looks like: Bunch of Grapes**  
Sausage-shaped, but lumpy

### Type 3



**Looks like: Corn on the Cob**  
Like a sausage but cracked on the surface

### Type 4



**Looks like: Sausage**  
Like a sausage or snake, smooth and soft

### Type 5



**Looks like: Chicken Nuggets**  
Soft blobs with clear-cut edges (passed easily)

### Type 6



**Looks like: Porridge**  
Fluffy pieces with ragged edges, a mushy stool

### Type 7



**Looks like: Gravy**  
Watery, no solid pieces ENTIRELY LIQUID

The most common bowel problem in children is constipation. Left untreated, or treated too gently, this can lead to soiling. Keep a check on your child's poo – it should be **Type 4** - soft and easy to pass.

#### How often should a child poo?

At least 4 times a week. Any less than this and the journey from mouth to bottom is taking too long – too much water is then absorbed and hard poo results – look overleaf. MORE than 3 times a day is not right either – it could look like **Type 7**. That might be diarrhoea but it could also be overflow caused by constipation! Read on to find out more...

#### What age can constipation start?

ANY age! Even babies can get constipated! Including those who are breast fed! Never wait for it to get better by itself...the longer it is left untreated the longer it takes to get better.



*Concept by Professor DCA Candy and Emma Davey, based on the Bristol Stool Form Scale produced by Dr KW Heaton, Reader in Medicine at the University of Bristol.  
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