ALBERTA AIDS TO DAILY LIVING (AADL) PEDIATRIC INCONTINENCE ASSESSMENT TOOL

(For clients 36 months of age to 18 years of age)

Client Name (Last) (First)	Personal Health Number (PHN)	Assessment Date Year Month Day
Chronological Age / Developmental Age	Information obtained from:	

CLIENT HISTORY

Incontinence of: ☐ Urine only ☐ Stool only ☐ Urine and Stool

Onset: ☐ Recent (3 months or less) ☐ Chronic (3 months or longer) ☐ Congenital

Early Intervention Profile Completed? ☐ No ☐ Yes Date Completed:

Incontinence diagnosed by: ☐ GP ☐ Urologist ☐ Pediatrician ☐ None

Diagnosis: (state how this relates to client's cognition, gross motor, fine motor, language and self skills development)

Current Medications:		

Diuretics: ☐ No ☐ Yes, times of administration:

Recent changes in medication: ☐ No ☐ Yes If yes, describe:	Date of Onset Year Month Day

Has degree of incontinence increased with recent medication change? ☐ No ☐ Yes

If yes, ongoing involvement by: ☐ GP ☐ Urologist ☐ Pediatrician ☐ None

Next appointment: If None, why?

ASSESSMENT

	YES	NO
Understands simple directions (for example, "pick up the toy")		
Shows pride in learning new skills		
Shows periods of strong independence		
Shows an interest in the potty		
Responds to regular prompting of toileting		
Imitates adult behaviors (i.e. brushes teeth, combs hair, sits on potty)		
Is willing to sit on the potty for 1-2 minutes		
Stays dry for about 2 hours at a time		
Is able to control the muscles responsible for elimination		
Makes a physical demonstration when having a bowel movement (i.e. grunts, squats, verbalizes)		
Understands physical signals that he/she has to go and is able to communicate this prior to urination/bowel movement		
Has a word or gesture to indicate a wet or dirty diaper		
Shows an awareness of having just urinated or had a bowel movement		
Has the ability to push down/pull up his/her pants		
Has regular, soft, formed bowel movements at predictable times		
Will point to the potty when asked, "where does pee-pee go?"		

Attempts to toilet train: ☐ No ☐ Not Applicable ☐ Yes, length of time:

Toilet trained for: ☐ urine ☐ stool ☐ urine & stool | Partially trained: ☐ daytime ☐ school ☐ home ☐ night

Concerns/Progress:

Episodes of Incontinence: ☐ day only ☐ night only ☐ day and night
☐ at school only ☐ at home only ☐ day only at school and at home

Amount of Incontinent Episodes: ☐ dribbling on exertion only ☐ constant dribble
☐ small 0-250 ml ☐ moderate 250-500 ml ☐ severe 500 ml or greater

Bowel Routine: | Consistency of Stool:

History of Constipation:

Aids: ☐ suppository ☐ stool softeners ☐ enema | Frequency:

Fluid consumed in 24 hr. period calculated based on client's 3-day bladder diary:
(adequate fluid intake: 1-2 yrs = 30 ml/kg, 2-13 yrs = 15-20 ml/kg)

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(For clients 36 months of age to 18 years of age)

Hx of UTIs: ☐ none ☐ 1-2 yearly ☐ 3-4 yearly ☐ 4-6 yearly ☐ 7 or greater yearly	
Treatment of UTIs:	Outcomes:
Follow up with Urologist or Pediatrician for UTIs? ☐ Yes ☐ No	
If no, why?	
If yes, recommendations:	
Hx of Urodynamics: ☐ bladder scan ☐ renal tests	Post void residual:
Results:	
Recommendation of intermittent catheters? ☐ Yes ☐ No	Presently practicing intermittent technique? ☐ Yes ☐ No
If yes, teaching of clean technique? ☐ Yes ☐ No	Re-evaluation of clean technique? ☐ Yes ☐ No
Teaching implemented with: ☐ child ☐ parent ☐ caregiver ☐ school aid	
Suggestions:	

INTERVENTIONS / STRATEGIES IMPLEMENTED

HOME SETTING:	SCHOOL SETTING:
☐ Regular timed toileting	☐ Regular timed toileting
☐ Double voiding	☐ Double voiding
☐ Diet recommendations (i.e. fluid and fibre)	☐ Diet recommendations (i.e. fluid and fibre)
☐ Intermittent catheterization	☐ Intermittent catheterization
☐ Adaptive clothing	☐ Adaptive clothing
☐ OT referral (i.e. bathroom aids)	☐ OT referral (i.e. bathroom aids)
☐ PT referral (kegels, positioning, rectal stimulation)	☐ PT referral (kegels, positioning, rectal stimulation)
☐ Nutritionist / Dietician referral	☐ Nutritionist / Dietician referral
☐ Limiting evening fluids (i.e. after 7:00 p.m.)	

OTHER INTERVENTIONS / STRATEGIES IMPLEMENTED

☐ Doctor referral re medication (anticholinergic/tricyclic agents)		
☐ Stool softener recommendations (i.e. for a regular bowel movement)		
☐ Accessibility/ease to bathroom:	At school: ☐ Yes ☐ No	At home: ☐ Yes ☐ No
☐ Bathroom Aids:	At school: ☐ Yes ☐ No	At home: ☐ Yes ☐ No
Comments:		

EVALUATION OF STRATEGIES IMPLEMENTED

Effective: ☐ Yes ☐ No

FURTHER RECOMMENDATIONS

At home:

At school:

Note: All interventions and clinical assessment must be implemented and evaluated prior to determining client eligibility through AADL

CLIENT ELIGIBILITY

Eligibility for Incontinence Benefits: ☐ No ☐ Yes If yes, benefits ordered:		
If diapers:	Client's weight:	Hip measurement at the trochantar:
Eligibililty for AADL Bathroom / Mobility Aids: ☐ No ☐ Yes If yes, benefits ordered:		
Comments:		

SIGNATURE: **REASSESSMENT DATE:**

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