Student Name:	Parent/guardian Name:
Date of Birth:	Parent/guardian email:
School:	Parent/guardian phone:
Physician's Name:	Hospital:
Allergies to Medications:	Teacher:

Encopresis Healthcare Plan

Diagnosis: Encopresis: It is voluntary or involuntary fecal soiling in children who have usually already been toilet trained. This often occurs with chronic constipation in children. Persons with encopresis often leak stool into their undergarments. This condition requires medical intervention and a bowel management plan. Frequent communication with parent to report success or changes in plan is crucial to this process.

<u>Assessment:</u> Student has had increased bowel incontinence at school. This is interfering with his participation in school and his social interactions.

History:
- **Bowel patterns at home:**
- **Diet history:**
- **Family's perception of cause:**

Current Status:
- **PCP:**
- **Medications:**
- **Diet and fluid intake:**
- **Bowel elimination:**
- **Pain/complaints:**

Self-care:
- **Knowledge and understanding:**
- **Words used for bowel movements and urination:**
- **Assistance needed for clean up:**
- Willingness to stop activity or ask teacher to use restroom:

Psychosocial and cultural:
- **Developmental level:**
- **Attitude toward condition:**
- **Relationship with peers (teasing, bullying):**
- **Participation in activities:**
- **Condition of student on arrival to school:**
- **Condition of student on arrival home:**
- **Relationship with family members:**
- **Reluctance to attend school:**
- **Transportation** (barriers, bus, parent transportation, self-driving)
- **School-sponsored extracurricular activities:**
- **Cultural practices:**

Academic:
- **Attendance record:**
- **Frequency of incontinence in school:**
- **Frequency of leaving class for bathroom breaks:**
- **Academic performance:**
- **Classroom behavior:**
  - Any cues for needing bathroom: sits on knees instead of bottom by himself; stares at teacher.

Student Name:
Date of Birth:

Respiratory: no concerns
GI/GU:
- **Diet**:
- **Feeding:**
- **Toileting:** no concerns

Cardiac: no concerns
Neurological:
- **Auras:**
- **Vision:** no concerns
- **Speech:**
- **Hearing:** no concerns

Muscular/Ortho:
- **Mobility assistance:** none
- **Activity tolerance:** tolerating without concern

Student Name:
Date of Birth:

Nursing Diagnosis:

- Bowel incontinence r/t incomplete emptying of bowel, deficient dietary habits, difficulty with toileting self care
- Bathing self-care deficit r/t environmental barrier
- Toileting self-care deficit r/t environmental barrier
- Risk for situational low self-esteem r/t transitions or changes, alteration in body image, functional impairment (soiling).
- Impaired social interaction r/t environmental barrier and disturbance of self-concept.

Interventions:

- Begin a toileting schedule at school- child will sit on toilet in office after lunch, at least every 2 hours, and as needed.
- Educate student and family on proper toileting practices for home- sitting after each meal with proper positioning- straight back, feet supported.
- Keep change of clothing and wipes in bathroom (provided by parents). Encourage student to perform hygiene independently. May need verbal cues. Family to be called if soiling is extensive.
- Encourage fluids throughout the day.
- Convey confidence in student's ability to handle situation.
- Encourage participation in school activities.
- Provide positive reinforcement for maintaining continence or proper self-care/cleaning.

Expected Outcomes:

The student will:

- Participate in toilet sitting schedule
- Recognize the urge to defecate and respond in a timely manner.
- Evacuate stool at least once every 2 days.
- Drink two 8-ounce glasses of water at lunch and snack time.
- Toilet independently.
- Stay soil-free throughout the school day.
- Position self on toilet to facilitate bowel movements with each toileting.
- Wash hands after toileting is complete.
- Participate in developmentally appropriate peer group social activities.

Student Name:
Date of Birth:

Incentive Chart

	Ate High Fiber Snack	Drank 1 full water bottle	Sat on toilet	Proper Self-cleaning
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

School Nurse Signature : _____ Date _____

As a parent/guardian of the above named student, I give permission for use of this health plan in my child's above-named school and for the School Nurse to contact the provider(s) regarding the above condition. Orders are valid for one calendar year.

Parent Signature _____ Date_____

As a healthcare provider of the above-named student, I give permission for use of this health plan in the child's above-named school and for the School Nurse to contact me regarding the above condition. Orders are valid for one calendar year.

Provider Signature _____ Date:_____