Toileting

Toileting can be a tricky and challenging endeavor for many of our loved ones with rare epilepsy. Some of our loved ones are able to toilet independently, some use the toilet with assistance, and some will use diapers throughout childhood and into adulthood. Please use the guide below to document the level of independence your child has when it comes to toileting. Things always seem to be changing with our loved ones; therefore, feel free to come back to this form and update anytime you feel the need.

Check all that apply:

☐ My child can toilet independently (can recognize the urge to go, alert me, and perform all tasks independently)

☐ My child can toilet with minimal assistance
☐ My child can toilet with moderate assistance
☐ My child can toilet with complete assistance
☐ My child cannot independently toilet

☐ Can recognize the urge to go and alert me
☐ Needs assistance with clothing
☐ Needs assistance with performing the task
☐ Needs assistance with wiping

☐ My child requires diapers, some of the time
☐ My child requires diapers all the time
☐ My child experiences incontinence during a seizure

☐ Requires diapers at night
☐ Requires diapers in certain situations – such as traveling
☐ My child needs a mattress protector and/or disposable underpad (such as Chucks underpad)

TIP: It's important to make note when your loved one experiences changes in frequency of bowel movements and/or skin changes, such as rashes or other irritations. Capturing details about your loved one's normal toileting routine can help others caring for your child better able to recognize changes that may need to be addressed.

Toileting Routine

Use the questions below to describe your loved one's toilet routine.
Consider details such as how your child alerts you when they feel the urge to go.

Do you go into the bathroom with them? ☐ YES ☐ NO Details:

Do you physically assist your child? ☐ YES ☐ NO

Does your child like to flush? ☐ YES ☐ NO

Does this routine change when they are at school or somewhere else outside the home (in someone else's care)? ☐ YES ☐ NO Details:

Describe any symptoms your loved one may have related to rashes or other skin irritations:

Is there a routine you follow such as using ointment or any other preventative or reactive topical medication to keep your loved one healthy and comfortable? ☐ YES ☐ NO Details:

If your child requires diapers, what is the routine you follow? Details:

What environment is required to provide this care to your child and maintain their privacy and safety? Details:

Supportive Supplies Required (See the Supply Refills section of this C.A.R.E. Binder.)

☐ Ointment: ☐ Diapers (brand/size, if not using a service*):

☐ Wipes: ☐ Changing mat:

☐ Toilet paper: ☐ Other:

☐ Hand soap: ☐ Special toy or other item of comfort:

*If using a diaper service, please provide the following information:

Incontinence Service for Diapers and Pads

Company Name:

Contact Name (if applicable):

Email: Phone:

Billing Options: ☐ Medicaid ☐ Insurance

Billing Info: ☐ Auto Pay by Bank Account ☐ Auto Pay by Credit Card ☐ Monthly Invoice, Manual Pay

Ordering Frequency: ☐ Monthly ☐ Quarterly ☐ Other