*Parent Information*
*School Age Children*

# Good Toilet Habits

**Healthy children should learn how to take care of their bodies. It is important for you to understand how to teach your child good toileting habits and what to do if a problem arises.**

Your child should urinate (pee) at least every four hours while awake.

If your child urinates (pees) frequently (every 30 minutes or less) or complains of burning or pain, see your child's doctor or nurse practitioner. Your child may have an infection.

Teach girls to clean themselves after going to the bathroom by wiping from the front to the back. This helps prevent urinary tract infections.

Teach boys and girls how to clean themselves after a bowel movement.

It is normal for some children to have three to four bowel movements in a day. It is also normal for some children to go three to four days without a bowel movement. As long as the stool is soft and easy to pass, your child's pattern is normal.

If your child has liquid stools (diarrhea) and has a fever, cramps, or just feels sick, your child may need to see a doctor or nurse practitioner.

If your child has a liquid stool (diarrhea) without a fever or cramps, and the diarrhea is not better in 24 hours, call your child's doctor or nurse practitioner.

If your child has hard, large stools that are difficult to pass, he or she may be constipated. Extra water, juice, dried fruits and whole grain foods often help in one to two days.

Make sure your child has a place each day where he or she can try to have a bowel movement in private. This is often easiest after a meal.

If your child bleeds a little bit after passing a hard stool, there may be a small tear in the anus, but this will heal on its own. If your child bleeds a lot (a circle larger than the size of a quarter on your child's underwear), or if your child bleeds with each bowel movement, see your child's doctor or nurse practitioner.

If your child passes worms in his or her stools, see your child's doctor or nurse practitioner.

**Child's Name** _____

School Nurse _____

Date _____

School _____

School Phone Number ( _____ ) _____

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