
Department of Paediatric Surgery & Urology

Bladder Diary – for children and young persons

A self-reporting diary of a child/young person's intake and output

Please complete as instructed and bring with you to your child's appointment

Name:	
Addenbrooke's Hospital Number:	
NHS Number:	
Consultant:	
Date diary completed from:	
Date diary completed to:	

FOR STAFF USE ONLY	
Age	
Weight (kg)	
Expected bladder capacity (ml) (Age x30) + 30	

Important information about this bladder diary, why it needs to be completed and how to complete it

What is a bladder diary?

A bladder diary is a record of fluid intake, urine output and bowel habits over a period of up to seven days. The bladder diary is completed by a child's parent/carer or, in the case of teenagers, by themselves with adult support.

Why is completion of a bladder diary necessary?

Information gathered from an accurately completed bladder diary provides a range of essential information which can help to diagnose a child's urinary problem and help to decide on appropriate treatment and management. For example, you measuring the volume of urine passed by your child at each void ('wee') enables us to calculate whether your child's bladder is of normal capacity for their age. It is extremely important that you complete the diary as accurately as possible as the information you provide can then enable us to identify treatments to help your child.

How many days is the diary completed for?

You will be advised how many days the diary needs to be completed for your child; the number of days will depend on your child's condition and symptoms. Usually 4 complete days are sufficient but a full week may be needed. The days you complete the diary for must be days when your child will be at home (i.e. non school days) and do not need to be consecutive days so you may complete the diary over a number of weekends/days in school holidays.

What equipment is needed?

- A large sized measuring jug which is marked in millilitres (ml) to measure the volume of urine that is passed. Girls may also need a wide necked container in which to initially pass the urine before measuring it but boys can usually manage to pass urine directly into the jug.
- A cup/beaker which is used consistently throughout the seven day period for you/your child to drink from. Measure how much fluid the cup/beaker holds so you know the volume contained in a full cup.
- If your child wears nappies or pull-ups you will also need a set of kitchen scales.

What should I do if I don't think I can complete the bladder diary?

As an accurate bladder diary can provide us with a lot of valuable information about your child, it is important that you contact us if you don't think you will be able to complete the bladder diary. It may be necessary to defer your child's appointment until the diary has been completed.

How to fill in the diary

- Use a new page for each day until all seven days have been completed.
- At the start of each day mark whether your child woke dry, damp or wet from their sleep.
- Write in what time your child woke up.
- At the end of the day write down what time your child went to bed and, if possible, what time they fell asleep.

There are two parts to the diary: input and output.

Part 1: Input

- Input is recorded in the left-hand side of the diary. All fluid intake needs to be recorded including what is drunk and how much volume
- Measure how much your child's cup holds. Each time your child has a drink, use this same cup.
- Measure in millilitres (ml) the volume drunk and enter this in the blank box next to the most appropriate time slot.
- In the 'type of drink column' record the type of drink your child had, for example, water, squash, cola, lemonade, tea, coffee, fruit juice, milk, smoothie, alcohol.

Part 2: Output:

- Output is recorded in the right-hand side of the diary. Each time your child passes urine (during the day and, where applicable, at night) the volume passed needs to be recorded. In addition, any stool ('poo') passed also needs to be recorded.
- Measure the volume (amount) of urine passed in ml using the jug. Record this volume in the blank square next to the most appropriate time entry in the diary.
- If urine is passed but not measured, place a tick in the blank box next to the most appropriate time Note: try to limit how many times the volume is not exactly measured as it is important for the diary to be kept as accurately as possible.
- If your child has damp or wet pants/knickers, record a 'D' (for damp) or 'W' (for wet) in the blank square next to the most appropriate time
- If your child wears nappies or pull-ups for all or part of the day/night you will need to weigh a dry nappy/pull-up (in grams) then weigh each wet one. Deduct the dry weight from the wet weight to provide a volume of urine passed
 - For example:
 $150\text{g wet weight} - (\text{minus}) 45\text{g dry weight} = (\text{equals}) 105\text{g}$

Write 105 next to the time when the nappy/pull up was removed and write 'N' next to this to indicate it was urine passed into a nappy/pull-up.

- If stool is passed, place a tick in the 'stool passed column' in the blank box nearest the most appropriate time.

An example is provided here to help make the above clear.

Example Only

Day 1

Date: Monday 1st June

On waking:

Dry		Volume of urine in nappy/pull-up = 30
Damp	√	
Wet		

Time of waking up:07:15.....

Time:	INPUT		OUTPUT	
	Volume drunk (mls):	Type of drink:	Volume of urine (ml)	Stool passed (tick)
01:00				
02:00				
03:00				
04:00				
05:00				
06:00				
07:00	200	Fruit juice	250 W	
08:00				
09:00			100	
10:00	150	Orange squash		
11:00				
12:00 midday	250	Water	50 D	
13:00				
14:00			W	
15:00	150	Milk	195	
16:00				
17:00	250	Fruit juice (apple)	200	√
18:00				
19:00	150	Water	50 D	
20:00			210	
21:00	200	Water	80	
22:00				
23:00				
24:00midnight				

Time of going to bed.....21:00.....

Time of falling asleep.....21:30.....

If you are not clear about what to do or how to fill in this diary please call the paediatric urology clinical nurse specialist team on 01223 586973

Day 1

Date: _____

On waking:

Dry		Volume of urine in nappy/pull-up =
Damp		
Wet		

Time of waking up:

Time:	INPUT		OUTPUT	
	Volume drunk (ml):	Type of drink:	Volume of urine (ml)	Stool passed (tick)
01:00				
02:00				
03:00				
04:00				
05:00				
06:00				
07:00				
08:00				
09:00				
10:00				
11:00				
12:00 midday				
13:00				
14:00				
15:00				
16:00				
17:00				
18:00				
19:00				
20:00				
21:00				
22:00				
23:00				
24:00midnight				

Time of going to bed.....

Time of falling asleep.....

FOR STAFF USE ONLY		
Total volume of fluid intake (ml)		
Total urine passed in the 24-hour period	ml	ml/kg/hr
Number of voids per 24 hr period		
Night time urine production (overnight + first void of the day) (ml)		

Day 2

Date: _____

On waking:

Dry		Volume of urine in nappy/pull-up =
Damp		
Wet		

Time of waking up:

Time:	INPUT		OUTPUT	
	Volume drunk (ml):	Type of drink:	Volume of urine (ml)	Stool passed (tick)
01:00				
02:00				
03:00				
04:00				
05:00				
06:00				
07:00				
08:00				
09:00				
10:00				
11:00				
12:00 midday				
13:00				
14:00				
15:00				
16:00				
17:00				
18:00				
19:00				
20:00				
21:00				
22:00				
23:00				
24:00midnight				

Time of going to bed.....

Time of falling asleep.....

FOR STAFF USE ONLY		
Total volume of fluid intake (ml)		
Total urine passed in the 24-hour period	ml	ml/kg/hr
Number of voids per 24 hr period		
Night time urine production (overnight + first void of the day) (ml)		

Day 3

Date: _____

On waking:

Dry		Volume of urine in nappy/pull-up =
Damp		
Wet		

Time of waking up:

Time:	INPUT		OUTPUT	
	Volume drunk (ml):	Type of drink:	Volume of urine (ml)	Stool passed (tick)
01:00				
02:00				
03:00				
04:00				
05:00				
06:00				
07:00				
08:00				
09:00				
10:00				
11:00				
12:00 midday				
13:00				
14:00				
15:00				
16:00				
17:00				
18:00				
19:00				
20:00				
21:00				
22:00				
23:00				
24:00midnight				

Time of going to bed.....

Time of falling asleep.....

FOR STAFF USE ONLY		
Total volume of fluid intake (ml)		
Total urine passed in the 24-hour period	ml	ml/kg/hr
Number of voids per 24 hr period		
Night time urine production (overnight + first void of the day) (ml)		

Day 4

Date: _____

On waking:

Dry		Volume of urine in nappy/pull-up =
Damp		
Wet		

Time of waking up:

Time:	INPUT		OUTPUT	
	Volume drunk (ml):	Type of drink:	Volume of urine (ml)	Stool passed (tick)
01:00				
02:00				
03:00				
04:00				
05:00				
06:00				
07:00				
08:00				
09:00				
10:00				
11:00				
12:00 midday				
13:00				
14:00				
15:00				
16:00				
17:00				
18:00				
19:00				
20:00				
21:00				
22:00				
23:00				
24:00midnight				

Time of going to bed.....

Time of falling asleep.....

FOR STAFF USE ONLY	
Total volume of fluid intake (ml)	
Total urine passed in the 24-hour period	ml ml/kg/hr
Number of voids per 24 hr period	
Night time urine production (overnight + first void of the day) (ml)	

Day 5

Date: _____

On waking:

Dry		Volume of urine in nappy/pull-up =
Damp		
Wet		

Time of waking up:

Time:	INPUT		OUTPUT	
	Volume drunk (ml):	Type of drink:	Volume of urine (ml)	Stool passed (tick)
01:00				
02:00				
03:00				
04:00				
05:00				
06:00				
07:00				
08:00				
09:00				
10:00				
11:00				
12:00 midday				
13:00				
14:00				
15:00				
16:00				
17:00				
18:00				
19:00				
20:00				
21:00				
22:00				
23:00				
24:00midnight				

Time of going to bed.....

Time of falling asleep.....

FOR STAFF USE ONLY		
Total volume of fluid intake (ml)		
Total urine passed in the 24-hour period	ml	ml/kg/hr
Number of voids per 24 hr period		
Night time urine production (overnight + first void of the day) (ml)		

Day 6

Date: _____

On waking:

Dry		Volume of urine in nappy/pull-up =
Damp		
Wet		

Time of waking up:

Time:	INPUT		OUTPUT	
	Volume drunk (ml):	Type of drink:	Volume of urine (ml)	Stool passed (tick)
01:00				
02:00				
03:00				
04:00				
05:00				
06:00				
07:00				
08:00				
09:00				
10:00				
11:00				
12:00 midday				
13:00				
14:00				
15:00				
16:00				
17:00				
18:00				
19:00				
20:00				
21:00				
22:00				
23:00				
24:00midnight				

Time of going to bed.....

Time of falling asleep.....

FOR STAFF USE ONLY	
Total volume of fluid intake (ml)	
Total urine passed in the 24-hour period	ml ml/kg/hr
Number of voids per 24 hr period	
Night time urine production (overnight + first void of the day) (ml)	

Day 7

Date: _____

On waking:

Dry		Volume of urine in nappy/pull-up =
Damp		
Wet		

Time of waking up:

Time:	INPUT		OUTPUT	
	Volume drunk (ml):	Type of drink:	Volume of urine (ml)	Stool passed (tick)
01:00				
02:00				
03:00				
04:00				
05:00				
06:00				
07:00				
08:00				
09:00				
10:00				
11:00				
12:00 midday				
13:00				
14:00				
15:00				
16:00				
17:00				
18:00				
19:00				
20:00				
21:00				
22:00				
23:00				
24:00midnight				

Time of going to bed.....

Time of falling asleep.....

FOR STAFF USE ONLY	
Total volume of fluid intake (ml)	
Total urine passed in the 24-hour period	ml ml/kg/hr
Number of voids per 24 hr period	
Night time urine production (overnight + first void of the day) (ml)	

For more information please contact:

Nurse specialist team: paediatric urology 01223 586973

You will usually be asked to bring this completed diary with you to your child's appointment but if you have been asked to return via post please send to:

Name:
Department:
Box Number:
Addenbrookes Hospital
Hills Road
Cambridge
CB2 0QQ



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Document history

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