

## DEFINITION

- Child is not toilet trained
- Caller has a question about normal toilet training. The most common topics are:
  - Toilet Readiness Training
  - Toilet Training - How to Start
- Child has a toilet training problem. Often it is Toilet Training Resistance.
- Child usually age 2 to 5 years for this topic to apply
- Excluded: Child is constipated from stool holding. See the Constipation guideline.
- Excluded: Child has serious behavior problems. If so, see another guideline or refer to PCP during office hours.

## INITIAL ASSESSMENT QUESTIONS

1. DESCRIPTION: "Describe your child's toilet training problem."
2. SEVERITY: "How bad is the problem?"
3. SITTING: "Will your child sit on the potty chair or toilet?" "Do they sit on the toilet on their own, or do they need a prompt?"
4. ONSET: "How long have you been trying to toilet train your child?"
5. TREATMENT: "What is your current approach?"
6. PRIOR DIAGNOSIS: "Have you seen a HCP for a toilet training problem?" If so, "What did they tell you was causing it (your doctor's diagnosis)?"

- Author's note: IAQ's are intended for training purposes and not meant to be required on every call.

## TRIAGE ASSESSMENT QUESTIONS

### See More Appropriate Guideline

Constipation is the main concern

*[Go to Guideline: Constipation \(Pediatric\)](#)*

New-onset wetting is the main concern

*[Go to Guideline: Urine - Wetting \(Enuresis\) \(Pediatric\)](#)*

Bedwetting questions

*[Go to Guideline: Urine - Wetting \(Enuresis\) \(Pediatric\)](#)*

Urgency and frequency of urination (without wetting or pain) is the main concern

*[Go to Guideline: Urination - All Other Symptoms \(Pediatric\)](#)*

Encopresis suspected (child toilet trained, history of recent constipation and leaking small amounts of stool)

*Go to Guideline: Stool - Soiling (Encopresis)*

### **See PCP Within 24 Hours**

[1] Needs to pass stool BUT [2] afraid to release OR refuses to go

*R/O: stool-holding crisis. May respond to care advice per guideline.*

*CA: 54, 29, 30, 31, 27, 1*

### **See PCP Within 3 Days**

[1] Toilet training problem has already been evaluated by PCP AND [2] getting worse

*CA: 55, 27, 1*

[1] Toilet training problem is new onset AND [2] sounds very stressful and urgent to triager

*CA: 55, 26, 27, 1*

### **Call PCP When Office is Open**

[1] Caller just has question about child's toilet training AND [2] triager is not able to answer

*CA: 61, 27, 1*

### **See PCP Within 2 Weeks**

[1] Toilet training problem has already been evaluated by PCP AND [2] not improving

*CA: 56, 27, 1*

[1] Age 3 years or older AND [2] not toilet trained

*CA: 56, 26, 27, 1*

Toilet training problem is chronic or recurrent

*CA: 56, 26, 27, 1*

Child has many behavior problems

*CA: 56, 26, 27, 1*

[1] Toilet training resistance (or other problem) AND [2] doesn't improve with care advice per guideline

*CA: 56, 26, 27, 1*

### **Home Care**

Toilet readiness training (18-30 months), questions about

*CA: 58, 2, 3, 4, 28, 5, 6, 1*

Toilet training - how to start after child is ready, questions about

CA: 58, 7, 8, 32, 9, 10, 11, 12, 13, 14, 33, 15, 1

Toilet training resistance, questions about

CA: 58, 16, 17, 18, 19, 20, 21, 22, 1

[1] Caller has question about toilet training AND [2] triager is able to answer

CA: 58, 23, 24, 25, 1

## CARE ADVICE (CA) -

1. **Care Advice** given per Toilet Training Problems (Pediatric) guideline.
2. **Toilet Readiness Training: Reassurance and Education**
  - Readiness training means preparing your child for later toilet training. It increases his or her chances of success.
  - You can help your child become ready to toilet train by teaching them some special skills.
  - Readiness training can easily happen every day as part of your normal routines.
  - Start your teaching at 18 months or earlier. Don't wait until age 3.
  - Don't begin real toilet training until your child is clearly ready. Readiness doesn't just happen.
  - You need to be your child's teacher.
3. **At 18 Months - Begin Teaching about Pee, Poop and How the Body Works:**
  - Teach the vocabulary (pee, poop, potty, clean, messy, etc.). Use these words often.
  - Clarify that everyone makes pee and poop.
  - Refer to pee and poop as the body's normal trash. Do not refer to poop as dirty or "yucky" stuff.
  - Point out when dogs or other animals are going pee or poop.
  - Clarify the body's signals of a full bladder or rectum when you observe them. When your child paces, dances, crosses the legs, or pulls at their pants, say this to them. Tell them that "the poop (or pee) wants to come out".
  - Make changing diapers pleasant for your child.
  - Teach your child to come to you whenever he is wet or soiled.
4. **At 21 Months - Begin Teaching about the Toilet:**
  - Teach that the toilet is a special place. It is where everyone puts their pee and poop.
  - Demonstrate by dumping poop from diapers into the toilet.
  - Portray using the toilet as a privilege.
  - Have your child watch you and toilet-trained children using the toilet. Prevent confusion by having Dad and any older brother sit down when they pass urine.

5. **Your Child is Ready to Start Real Toilet Training If:**
  - Your child knows the sensation of a full bladder and full rectum
  - Can go 2 or more hours without passing urine. Waking up dry from naps is a good sign.
  - Poops are formed and passed 3 or less times per day.
  - Comes to you to be changed to a clean diaper
  - Your child knows what the toilet and potty chair are for
  - Your child likes to sit on the potty chair
  - Your child likes to please you and is cooperative with most verbal requests
  - Now it's time to start real toilet training. That means potty sits (practice runs) whenever you think your child might need to go. Be sure to keep it positive and upbeat.
  - *Note to triager:* If available, email the caller the handout, Toilet Training: Normal for more information.
  
6. **Call Back If:**
  - You have other questions or concerns
  
7. **Toilet Training - How to Start: Reassurance and Education**
  - Your goal is to toilet train your child.
  - Toilet training is completed when your child passes pee and poop into the potty or toilet without reminders
  - Some children will learn to control their bladder first. Others will start with bowel control. Both kinds of control can be worked on at the same time.
  - Bedwetting is different. Bladder control through the night normally happens several years later than daytime control.
  - Most toilet training can be completed in 1 to 2 months if he is ready.
  - Here is some advice to follow for gradual positive potty training.
  
8. **Start Practice Runs to the Potty:**
  - A practice run (potty sit) is encouraging your child to sit on their potty chair with their diapers off.
  - Only do practice runs when your child gives a signal that looks promising. Such signals are a certain facial expression, holding the genital area or pulling at their pants. You may notice pacing, squatting, dancing in place or even grunting.
  - In you don't see any signals, use timing. Some good times for practice runs are after naps or 2 hours without passing urine. You can also try 20-30 minutes after meals or a big drink. Say, "The poop or pee wants to come out. Let's sit on the potty".
  - How often: Try to limit practice sits to no more than 5 times per day. Too many reminders turn some children against the process. Having a limit also will help you be better at figuring out the best times and signals.
  
9. **Keep a Potty Chair Close By:**
  - Initially, keep the potty chair in the room where your child usually plays in.
  - This easy access increases the chances that he'll use it without you asking.
  - Consider owning 2 potty chairs, so one can be in your bathroom.

10. **Wear Clothing That is Easy to Remove:**
  - During toilet training, children need to wear only one layer of clothing. That usually means training pants or pullups.
  - Some parents find it is helpful to keep their child in diapers until they start toilet training. Switching to pullups at that time can motivate your child to keep them clean and dry. Teach them how to pull them down.
  - Avoid shoes and outer pants.
  - In the wintertime, also wear loose sweatpants.
  - After toilet training is done, if needed, avoid any pants with zippers, buttons, snaps, or a belt for a while.
11. **Praise Your Child for Cooperation and Any Success:**
  - In the beginning, praise your child's cooperation with practice sits.
  - For example, you might say, "You are sitting on the potty just like Mommy." Or, "You're trying real hard to go pee-pee in the potty".
  - Eventually, give praise and hugs mainly for passing urine or stool into the potty.
  - A sense of accomplishment is enough for some children. However, some need rewards to stay focused. Examples are stickers or healthy food treats.
  - Big rewards like going to a toy store for a prize should be reserved for big steps. For instance, your child has completed toilet training.
  - Caution: Overpraising can make some kids feel pressured. Keep your praise more natural and selective.
12. **Practice Runs - When to Stop Prompting:**
  - Once your child starts using the potty by himself several times in a row, you can stop practice runs.
  - For the following week, continue to praise your child for using the potty.
  - Phase them out gradually. Prompt only when your child ignores an obvious signal.
13. **Change Your Child Calmly After Accidents:**
  - Change your child as soon as it's convenient. Respond with kindness. Say, "You wanted to go pee in the potty, but you went in your pants. I know that makes you sad. You like to be dry. You'll get better at this."
  - If you feel a need to express disapproval, do so rarely. For example, "Big boys don't go poop in their pants." Or mention the name of another child whom your child likes and who is trained.
  - Change your child into a dry diaper or training pants in a pleasant manner.
  - Try not to show your anger. Carefully avoid any punishment, yelling, or scolding.
  - Pressure or force will start a power struggle. Your child may become completely uncooperative.
14. **Regular Underwear - When to Start:**
  - Introduce regular underwear after your child starts using the potty on their own.
  - Regular underwear can spark motivation.
  - Switch from training pants or pullups to regular underwear after your child passes urine into the potty on their own for a whole day.
  - Buy loose-fitting underwear that he can easily lower and pull up by himself.
  - Once in underwear, use diapers only for sleep and travel outside the home.

15. **Call Back If:**
  - Your child is over 2 1/2 years old and has a negative attitude about toilet training
  - Your child is over 3 years old and not daytime toilet trained
  - Your child won't sit on the potty chair or toilet
  - Your child holds back bowel movements
  - The approach described here isn't working after 3 months
  
16. **Toilet Training Resistance: Reassurance and Education**
  - Your child refuses to be toilet trained after several months of training. He passes urine or stools into his underwear or pull-up. Usually children who do this are 3 years or older.
  - Cause: Most children are simply engaged in a power struggle (control issue) with the parent.
  - Treatment: More practice sits such as you used in toilet training, will not help. Instead, your child now needs to take full responsibility. He will need some incentives to spark his interest.
  - These suggestions are for children who have this problem, but are not constipated.
  
17. **Transfer All Responsibility to Your Child:**
  - Your child will decide to use the toilet only after giving up the "power struggle game".
  - Have one last talk about the subject.
  - Tell your child that the body makes "poop" (or pee) every day.
  - Explain that "poop" (or pee) wants to come out. Your child's job is to help the "poop" (or pee) get in the toilet.
  - Tell your child you're sorry for any past punishment or forced sitting on the toilet.
  - Tell your child from now on they don't need any help.
  
18. **Stop All Reminders About Using the Toilet:**
  - Let your child decide when they need to use the toilet. Don't remind him to use the bathroom or ask if he needs to go.
  - They know what it feels like when they have to "poop". (or pee)
  - Reminders are a form of pressure, and pressure keeps the power struggle going.
  - Stop all practice runs.
  - Never make your child sit on the toilet because this always greatly increases resistance.
  - Don't go with your child into the bathroom unless he asks you to.
  - Your child needs to feel success when he does it his way.
  
19. **Give Incentives for Using the Toilet:**
  - Your main job is to find the right incentive. Incentives should replace reminders.
  - Special rewards, such as favorite sweets or video time, can be invaluable. For using the toilet for stools, initially use big rewards. For example, special games or going somewhere special can be used. For pee in the toilet, give a smaller treat. But give some reward every time.
  - Remember that an incentive works even better if it is special. That means a treat that your child doesn't otherwise get.
  - If you want a breakthrough, make your child an offer they can't refuse.
  - *Optional:* If available, email the caller the handout, Incentives for Motivating Your Child, for incentive ideas.

20. **Not Sitting on the Toilet - How to Help:**
  - Keep the potty chair in the room he usually plays in.
  - If he is clearly trying not to go, remind him in a kind way. Say: "The poop wants to come out and go in the toilet. The poop needs your help." Try to make it funny.
  - Then, let your child decide how to respond to the pressure in their bottom.
  - You may even need to say: " You don't know how to sit on the toilet". Your child will want to prove you wrong.
  - Some children may need smaller treats for simply sitting on the toilet.
21. **Use Diapers or Pull-ups As Little as Possible:**
  - Keep your child in loose-fitting underwear (or training pants) during the day. Wearing underwear also gives your child an incentive to maintain bladder control (urine).
  - If your child starts stool-holding, put him back in diapers.
  - Another option is to keep pull-ups next to the potty chair or toilet.
  - Your child can decide whether to use the toilet or put on a pull-up.
22. **Call Back If:**
  - Your child holds back his stools or becomes constipated
  - Your child is afraid to sit on the toilet or potty chair
  - The resistance is not improved after 1 month of using this advice
  - The resistance has not stopped completely after 3 months
23. **Question Answered Based on Reference or Nurse Judgment:**
  - Caller's question is answered based on nurse judgment or professional expertise.
  - Caller's question is answered by utilizing a reference or handout.
24. **Note to Triager:**
  - Document your response or advice given in the call notes.
  - Document any reference used or given to the caller.
25. **Call Back If:**
  - Toilet training problem not improved with the information given
  - You have other questions or concerns
26. **Need for an Evaluation:**
  - Toilet training problems are common in children.
  - Most are caused by bad habits. Physical causes are rare.
  - Because we don't know what's causing the toilet training problem, your child needs to be seen for an evaluation.
27. **Call Back If:**
  - Your child becomes worse
28. **After 21 Months - Begin Teaching about the Potty Chair:**
  - After your child understands the toilet, buy them a small stand-alone potty chair.
  - Tell them it is a little toilet for kids.
  - Let them play with it any way they like. Put their picture on it.
  - After a few days, put the potty chair in the bathroom.
  - Allow him to sit on the potty chair when others use the toilet.
  - Don't allow sitting on it in diapers or pull-ups. Teach that when sitting on the potty, we take off our underwear (bare-bottom). This may take some extra encouragement and time.

29. **Stool Holding Crisis - Warmth to Help Stool Release:**
- Goal: Help your child release the stool.
  - Warmth helps many children relax the anal sphincter and release a stool.
  - Have your child sit in warm water.
  - Or apply a warm wet washcloth to the anus while they are sitting on the toilet.
30. **Squatting Position to Help Stool Release:**
- The squatting position gives easier stool release.
  - The squatting position means that the knees are above the hips.
  - For most children who sit on the toilet, a foot stool is needed.
  - That's why we start potty training with floor level potty chairs.
  - Give your child a pull-up if that would help.
31. **Glycerin Suppository:**
- If warmth and other measures are not successful, use a glycerin suppository
  - They are available without a prescription.
  - A suppository is inserted past the anal sphincter. It will melt at body temperature.
  - Dosage for 1- 5 years: 1 pediatric suppository or 1/2 adult suppository
  - Dosage for 6 years and older: 1 adult suppository
32. **Make Practice Runs Positive for the Child:**
- Keep them upbeat and fun.
  - If your child doesn't want to sit on the potty, let it go that time.
  - If your child wants to get up after 1 minute of encouragement, let him get up.
  - Caution: Never force your child to sit there. Never physically hold your child there. This is the main cause of toilet training resistance.
  - Don't read to or play games with your child while sitting on the potty. That confuses the purpose of why they are there. Leave them focus only on making their body do its job.
  - Even if your child seems to be enjoying it, end each session by 5 minutes.
  - This is not the time to teach proper wiping and handwashing. Be sure that any wiping is gentle. Keep the focus on releasing pee and poop into the potty.
33. **What to Expect:**
- Some kids are easy to train, others are harder.
  - Practice runs and reminders should not be needed for more than 1 or 2 months.
  - If there is no progress, your child probably needs a break for a few months.
  - The average age for completing toilet training in the US is 2 years and 6 months. The average age is younger in other countries.

54. **See PCP Within 24 Hours:**
- **If Office Will Be Open:** Your child needs to be examined within the next 24 hours. Call your child's doctor (or NP/PA) when the office opens and make an appointment.
  - **If Office Will Be Closed:** Your child needs to be examined within the next 24 hours. A clinic or an urgent care center is often a good source of care if your doctor's office is closed or you can't get an appointment.
  - **If Patient Has No PCP:** Refer patient to a clinic or urgent care center. Also try to help caller find a PCP (medical home) for future care.
- Note to Triager:**
- Use nurse judgment to select the most appropriate source of care.
  - Consider both the urgency of the patient's symptoms AND what resources may be needed to evaluate and manage the patient.
55. **See PCP Within 3 Days:**
- Your child needs to be examined within 2 or 3 days.
  - **PCP Visit:** Call your doctor (or NP/PA) during regular office hours and make an appointment. A clinic or urgent care center are good places to go for care if your doctor's office is closed or you can't get an appointment. **Note:** If office will be open tomorrow, tell caller to call then, not in 3 days.
  - **If Patient Has No PCP (Primary Care Provider):** Try to help caller find a PCP for future care (e.g., use a physician referral line). Having a PCP or "medical home" means better long-term care.
56. **See PCP Within 2 Weeks:**
- Your child needs an evaluation for this ongoing problem within the next 2 weeks.
  - **PCP Visit:** Call your child's doctor (or NP/PA) during regular office hours and make an appointment.
  - **If Patient Has No PCP (Primary Care Provider):** A primary care clinic is where you need to be seen for chronic health problems. **Note:** Try to help caller find a PCP (e.g., use a physician referral line). Having a PCP or 'medical home' means better long-term care.
58. **Home Care:**
- You should be able to treat this at home.
61. **Call PCP When Office Is Open:**
- You need to discuss this with your child's doctor (or NP/PA) within the next few days.
  - Call the office when it is open.

## FIRST AID



N/A

## BACKGROUND INFORMATION

### Matching Pediatric Handouts for Callers

Printed home care advice instructions for patients have been written for this guideline. If your software contains them, they can be sent to the caller at the end of your call. Here are the names of the pediatric handouts that relate to this topic:

- Toilet Readiness Training
- Toilet Training - Normal
- Toilet Training Resistance - Encopresis without Constipation Type
- Toilet Training Resistance - Constipation from Stool-Holding Type
- Bowel Cleanout for Stool Impaction
- Incentives for Motivating Children

### **Causes of Toilet Training Resistance**

- The most common cause of chronic soiling or wetting is resistance to using the toilet.
- Many of these children refuse to even sit on the toilet. They may sit on the toilet only if the parent requires it. But, they don't release urine or stool until after they get off.
- Toilet training is usually accomplished in 2 to 3 months. Healthy children over 3 who aren't using the toilet after 3 months usually have toilet training resistance. About 5% of children refuse to be bowel trained.
- The most common cause of toilet training resistance is a strong-willed child. In addition, they have been reminded or lectured too much. Most children have been forced to sit on the toilet against their will.
- A few have been punished for not cooperating. Many parents make these mistakes.
- Most children younger than 5 with encopresis are engaged in a major control issue with their parent. To turn this around, the parent needs to stop all reminders to use the toilet.
- A common mistake HCPs make is to advise the parent to require more toilet sits. This only makes the child more resistant to using the toilet appropriately.
- The only solution at this age is to give the child full responsibility over their body. To motivate them to complete toilet training, incentives need to replace words.
- If the child starts holding back stools and becomes constipated, medicines will be needed.

### **REFERENCES**

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### **SEARCH WORDS**

ADVICE  
ADVICE ONLY  
BEHAVIOR  
BEHAVIOR CLINIC  
BEHAVIOR PROBLEM  
BLADDER TRAINING RESISTANCE  
BOWEL TRAINING RESISTANCE  
CONSTIPATION  
ENCOPRESIS  
ENURESIS  
FECAL INCONTINENCE  
INFORMATION  
INFORMATION ONLY  
PEE  
POO  
POOP  
POOPS  
POTTY  
POTTY TRAINING  
POTTY TRAINING PROBLEM  
POTTY TRAINING PROBLEMS  
POTTY TRAINING READINESS  
POTTY TRAINING RESISTANCE  
SOILING  
STOOL  
STOOLS  
TOILET  
TOILET TRAINING  
TOILET TRAINING PROBLEM  
TOILET TRAINING PROBLEMS  
TOILET TRAINING READINESS  
TOILET TRAINING RESISTANCE  
URINATION  
URINE  
USING THE POTTY  
USING THE TOILET  
WETTING

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