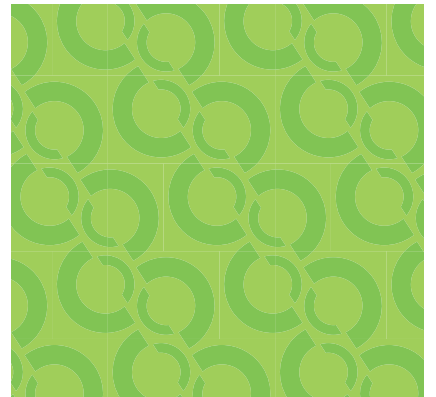




A PHYSICIAN'S GUIDE

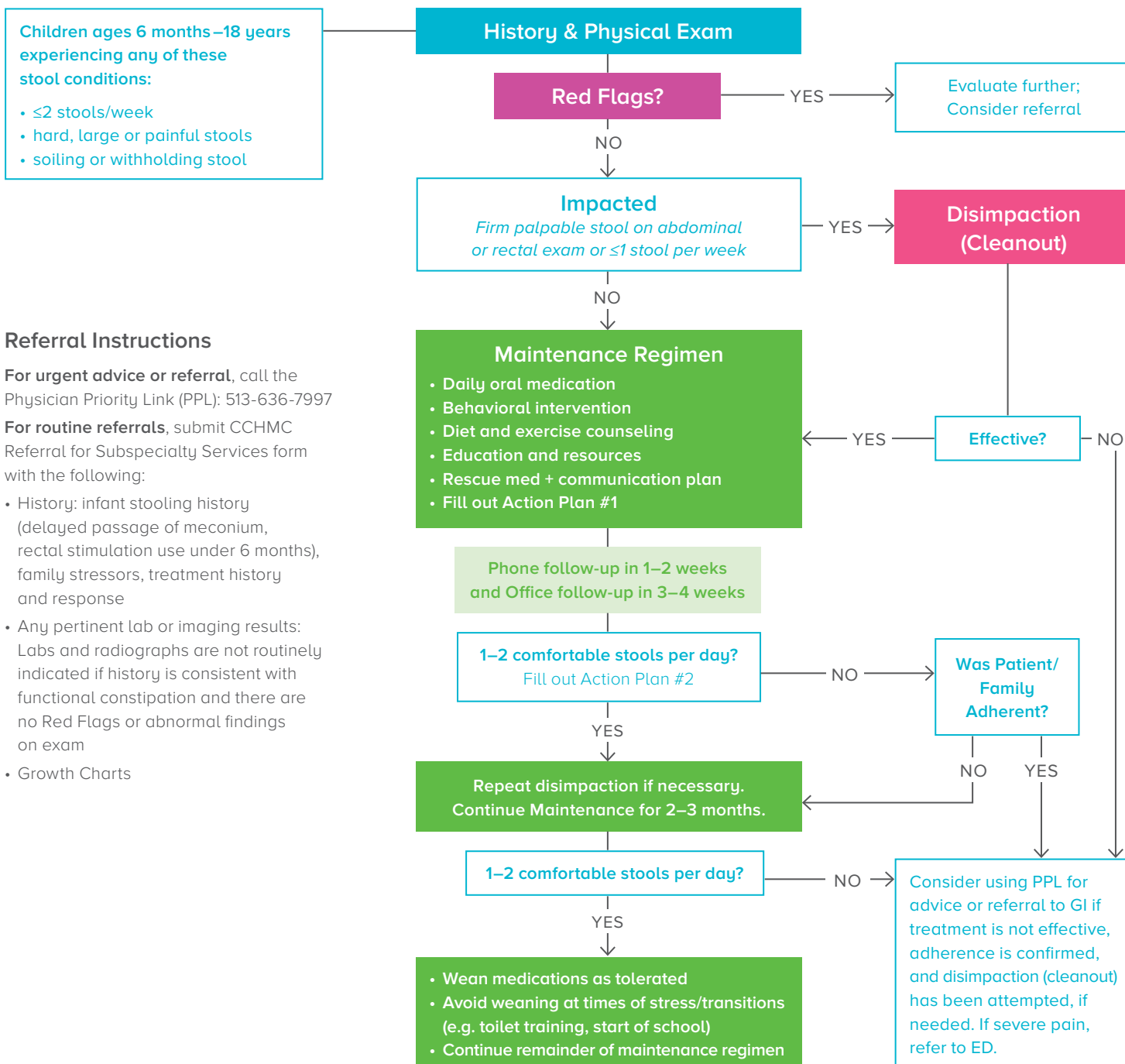
Diagnosing & Managing Constipation

in Children Ages Six Months–18 Years



Diagnosing & Managing Constipation

These specific recommendations were adapted from North American Society for Pediatric Gastroenterology, Hepatology and Nutrition guidelines through collaborative discussions between Cincinnati Children's gastroenterologists and local pediatricians from the Ohio Valley Primary Care Associates network. This guide is meant to be used as a clinical practice tool for physicians and healthcare professionals and is not a substitute for a physician's or other healthcare professional's independent decision-making and judgment. Reference herein to specific medications and/or products does not represent an endorsement of such medications and/or products.



Referral Instructions

For urgent advice or referral, call the Physician Priority Link (PPL): 513-636-7997

For routine referrals, submit CCHMC Referral for Subspecialty Services form with the following:

- History: infant stooling history (delayed passage of meconium, rectal stimulation use under 6 months), family stressors, treatment history and response
- Any pertinent lab or imaging results: Labs and radiographs are not routinely indicated if history is consistent with functional constipation and there are no Red Flags or abnormal findings on exam
- Growth Charts

History & Physical Exam

- Stool frequency, consistency, caliber, comfort, provides relief of belly pain?
- Family history of constipation, IBS, celiac, thyroid disease
- Abdominal exam and perianal inspection mandatory, digital rectal exam at provider discretion
- Neurological exam: lower extremity reflexes and gait

Red Flags

Infants & Children

- Fever, bilious emesis, bloody diarrhea
- Poor feeding or poor weight gain
- Anal stenosis, lumbosacral abnormality
- Tight empty rectum

Children

- Plateaued height or weight, weight loss
- Perianal abscess, fistula, large or inflamed skin tags
- Toe walking, back pain
- Loss of bladder continence

Disimpaction (Cleanout)

1. Ensure easy access to familiar bathroom, usually on a weekend
2. Encourage parent to call if there is severe pain, vomiting or NO stool comes out within 24 hrs
3. Choose 3-day or 1-day cleanout:

3-Day Oral Disimpaction (Gentle Cleanout)

Polyethylene glycol (PEG 3350) 1.5g/kg/day ÷ BID or TID x3 days. PLUS Senna 8–30mg daily x3 days

Weight	PEG 3350 (e.g. MiraLAX) 1 capful = 17g, roughly 4 tsp.	Senna 8.8 mg/5 ml syrup 15 mg/chocolate square (e.g. Ex-Lax chocolate)
<20 lbs	1.5g/kg/day ÷ BID	NONE
20–40 lbs	0.5 capful in 4 oz BID	5 ml syrup daily
41–60 lbs	1.5 capful in 8 oz BID	1 square daily
61–90 lbs	2 capfuls in 8 oz BID	1 square daily
>90 lbs	2 capfuls in 8 oz TID	2 squares daily

1-day Oral Disimpaction (Fast Cleanout)

PEG 3350 4g/kg (max 255g), mix in 6–8 oz clear liquid per 17g capful (max 64 oz). Drink within 4–6 hours.

4. Consider concurrent rectal disimpaction if child has severe abdominal or rectal pain and needs faster relief
 - <2 yo: glycerin bulb enema or suppository, once daily for 1–3 days
 - >2 yo: Saline enema (e.g. Pediatric Fleets), 1 enema once daily for 1–2 days

Maintenance Regimen

Diet

- Fiber: Age + (5-10)g/day: High fiber cereals, bars, bread, fruits, vegetables
- Encourage drinking plenty of water

Behavioral Interventions

- Sit on the toilet 2–3 times per day to poop
 - 5–10 minutes, set a timer, consider book/game
 - After a meal/snack
 - Feet flat on floor or supported with foot stool
- Avoid punishments for soiling
- Positive incentives for good behaviors in the child's control (medications, sitting, stooling in the toilet)
 - Sticker charts for small children
 - Tickets/tokens to cash in for small prizes, extra time with parent or activity
- Daily exercise

Communication plan—Encourage family to call if:

- Stools are too hard or too runny
- Considering stopping medications or going to the ED

Daily Oral Medications

- PEG 3350 (e.g. MiraLAX) or alternative medication
- Add stimulant (e.g. Senna) if no stool within 1–2 days (OK to repeat)

Disimpaction (Cleanouts) as needed

Infants > 6 months

- Prune juice: 2–4 oz mixed in bottle or straight from cup, once a day
- If no improvement, try PEG 3350 (see chart below)

Infants > 6 months and children

Maintenance Medication for Infants > 6 Months and Children

Weight	PEG 3350 Daily dose: 1 level measuring tsp = 1/4 capful	Titrate up/down as needed to achieve goal
<20 lbs	1/2 to 1 teaspoon	1/4 to 1/2 teaspoons
20–40 lbs	1 to 2 teaspoons	1 teaspoon
41–60 lbs	2 teaspoons	1 teaspoon
61–90 lbs	1 capful	1/2 capful
>90 lbs	1 to 2 capfuls	1 capful

“Rescue” Stimulant as needed

- If child does not pass stool in 1–2 days give stimulant per chart below

“Rescue” Stimulant

Weight	Senna syrup 8.8 mg/ 5 ml	OR	Senna chewable 15 mg/square (e.g. Ex-Lax)	OR	Bisacodyl 5 mg tablet
<20 lbs	n/a		n/a		n/a
20–40 lbs	2.5 ml		n/a		n/a
41–60 lbs	5 ml		1/2 square		1/2 tablet
>60 lbs	10–20 ml		1–2 squares		1 tablet

Sample Constipation Action Plan: Patient Consultation

Patient Name

DOB _____ Weight _____ Appointment Date _____ Provider _____

First visit for this issue? YES NO

Copy of action plan given to patient? YES NO

Current Stool Symptoms

Stools are: Hard Large Painful

Withholding Stool/Soiling YES NO

Stool Frequency ≤ 2 stools/wk

Impacted? YES NO

(≤ 1 stool/week OR palpable stool on abdominal or rectal exam)

Follow-Up Plan

Follow-up by phone within 7–10 days _____ Date _____

Follow-up in office within 4 weeks _____ Date _____

Provider Initials _____ Caregiver Initials _____ Date _____

Follow-Up Visit Information

Have symptoms improved? YES NO

Adherence? Satisfactory Needs Improvement

Green Zone: Maintain

Doing Great

- Passing 1–2 soft, comfortable bowel movements per day
- Continue medications for at least 2 months

Medications

- PEG 3350 (Miralax*); see chart

Behavioral Interventions

- Sit on the toilet 2–3 times/day
- Track stools on calendar
- Sticker chart or prizes for taking medication and stooling in the toilet

Diet

- Eat _____g fiber per day (daily intake: age + 5–10g/day)
- Drink plenty of water

Green Zone Medication

Weight	PEG 3350 Daily dose (mix in clear liquid)	Adjust dose every 3 days to achieve goal by
<20 lbs	1/2 to 1 teaspoon in 4 oz (clear liquid or a bottle)	1/4 to 1/2 teaspoons
20–40 lbs	1 to 2 teaspoons in 4 oz	1 teaspoon
41–60 lbs	2 teaspoons in 4 oz	1 teaspoon
61–90 lbs	1 capful in 8 oz	1/2 capful
>90 lbs	1 to 2 capfuls in 8 oz	1 capful

Yellow Zone: Rescue

Getting Backed Up

- Stimulant (if no bowel movements in 1–2 days)
- Softening (stools are hard or hurt to pass)
- Mild to moderate abdominal pain

Increase daily softening medication

- Increase daily softening medication until back in Green Zone
- Increase PEG 3350 to _____ capfuls _____ times per day

AND/OR

Start stimulant medication

- “Helps the bowels push” until back in Green Zone
- Take Senna (Ex-Lax*) _____ chocolate square or _____ ml one time per day

Red Zone: Cleanout

Fully Backed Up, Impacted

- No bowel movements in 4 days
- Yellow zone for 2–3 days without relief
- Worse abdominal pain
- Stool accidents
- CALL OFFICE if vomiting, severe pain, fever, bloody stool or if considering going to the Emergency Room

Do a PEG 3350 + Senna cleanout

(at home, on weekend, expect a lot of stool)

If need immediate relief

- Give glycerin (suppository OR enema) once a day for 1–3 days
- Give saline** enema ONE TIME
 - Only for age 2 years and up
 - Do not repeat unless MD advises

3-Day Oral Disimpaction (Gentle Cleanout)

Weight	PEG 3350 (e.g. MiraLAX)	Senna 8.8 mg/5ml syrup OR 15 mg/chocolate square
<20 lbs	Use glycerin enema or suppository	
20–40 lbs	0.5 capful in 4 oz 2x/day	5 ml syrup daily
41–60 lbs	1.5 capful in 8 oz 2x/day	1 square daily
61–90 lbs	2 capfuls in 8 oz 2x/day	1 square daily
>90 lbs	2 capfuls in 8 oz 3x/day	2 squares daily

1-day Oral Disimpaction (Fast Cleanout)

PEG 3350 _____ capfuls in _____ oz clear liquid (6–8 oz per capful), mix well, drink all within 4–6 hours.

* Generic products are fine to substitute for common brands listed

** Carries risk of electrolyte abnormalities in young children