Constipation

FAST FACTS

~15%
of all children have chronic constipation at some point during childhood

~50%
of children with chronic constipation will still need medications 6 months into treatment

quality of life ratings similar to children with inflammatory bowel disease or cancer undergoing therapy

If you have clinical questions about patients with chronic constipation, call the Physician Priority Link® at 513-636-7997.

Constipation is a common condition for children, and a source of discomfort, frustration and diminished quality of life for patients and families. Chronic constipation is characterized by difficult or painful bowel movements that lasts for more than one month.

ASSESSMENT

Perform a standard health history and physical exam with specific questions about bowel movement frequency, consistency of stools, and associated symptoms like pain, fecal incontinence, or blood in stools. Ask additional questions around family history of constipation, IBS, celiac and thyroid disease.

HPE (HISTORY AND PHYSICAL EXAM) RED FLAGS

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

In children:
- Plateaued height or weight, weight loss
- Perianal abscess, fistula
- Toe walking
- Back pain
- Loss of bladder continence

MANAGEMENT/TREATMENT

1. **Cleanout and Maintenance model of management**
2. **Cleanouts as needed:** If patient is passing <3 stools per week, has encopresis or firm stool on abdominal or rectal exam, do a cleanout at home.
3. Maintenance
   a. **Daily oral medication:** PEG 3350 0.5–1.0 g/kg/day and titrate dose to 1–2 soft BMs/day
   b. **Rescue medication:** Senna 7.5–30 mg as needed if no BM for 1–2 days
   c. **Behavioral intervention:** Sit on toilet 2–3x/day for 5–10 minutes. Use incentives like sticker charts to earn desired prizes or activities
   d. **Diet and exercise:** Fiber (Age + 5–10 g/day), plenty of water, exercise
   e. **Education:** Counsel about long-term management
   f. **Resources:** GIKids.org/Constipation
   g. **Follow-up communication and return visit plan**

WHEN TO REFER

If red flags (see above) are present upon HPE, or if constipation does not improve after a maintenance regimen has been instituted with good adherence and cleanout has been done, patient should be referred to the Gastroenterology team at Cincinnati Children's. When referring, please include:
- Growth curves
- Infant stooling history (delayed meconium passage, rectal stimulation use under six months)
- Family stressors
- Treatment history
- Pertinent labs and radiology results if available

If you would like additional copies of this tool, or would like more information, please contact the Physician Outreach and Engagement team at Cincinnati Children's.

Tool developed by Cincinnati Children's physician-hospital organization (known as Tri-State Child Health Services, Inc.) and staff in the James M. Anderson Center for Health Systems Excellence. Developed using expert consensus and informed by Best Evidence Statements, Care Practice Guidelines, and other evidence-based documents as available. For Evidence-Based Care Guidelines and references, see www.cincinnatichildrens.org/evidence.

Constipation

Inclusion Criteria

Children ages 6 months– 8 years experiencing any of these stool conditions:

- ≤ 2 stools/week
- Hard, large or painful stools
- Soiling or withholding stool

Patient Presents

Standard Workup

- Situational History
- Family History
- Physical Exam

HPE (HISTORY AND PHYSICAL EXAM) RED FLAGS

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Any Red Flags?

- Yes → Evaluate further
- No → **Impacted**—firm palpable stool on abdominal or rectal exam or ≤1 stool/week

Impacted?

- Yes → Disimpaction (Cleanout)
- No → Maintenance Regimen

Disimpaction (Cleanout)

If patient is passing <3 stools/week, has encopresis or firm stool on abdominal or rectal exam, do a cleanout at home.

3-Day Oral Disimpaction (Gentle Cleanout)

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

1-Day Cleanout

PEG 3350 4g/kg (max 255g), mix in clear fluid, 8oz per 17g capful, max 64oz (e.g. 15 capfuls in 64oz), drink all over 4-6 hours.

Effective?

- No → Consider using PPL for advice or referral to GI if treatment is not effective, adherence is confirmed, and disimpaction (cleanout) has been attempted. If severe pain, refer to ED.
- Yes → Maintenance Regimen

Maintenance Regimen

- **Daily oral medication:** PEG 3350 0.5–1.0 g/kg/day and titrate dose to 1–2 soft BMs per day
- **Rescue medication:** Senna 7.5–30 mg as need if no BM for 1–2 days
- **Behavioral intervention:** Sit on toilet 2–3 times/day for 5–10 minutes
- **Diet and exercise:** Fiber (age + 5– 0 g/day), plenty of water, exercise
- **Education:** Counsel about long-term management, GIKIDS.org/Constipation
- **Follow-up communication and return visit plan**

Office follow-up in 3–4 weeks

1–2 comfortable stools per day?

- Yes → Was patient/family adherent?
  - Yes → **1–2 comfortable stools per day?**
    - Yes → Wean medications as tolerated
      - Avoid weaning at times of stress/transitions (e.g., toilet training, start of school)
      - Continue remainder of maintenance regimen
    - No → Consider using PPL for advice or referral to GI if treatment is not effective, adherence is confirmed, and disimpaction (cleanout) has been attempted. If severe pain, refer to ED.
  - No → Continue maintenance for 2–3 months
    Repeat disimpaction if necessary
- No → Continue maintenance for 2–3 months
  Repeat disimpaction if necessary

For urgent issues, or to speak with the specialist on call 24/7, call the Physician Priority Link® at 1-888-987-7997.