

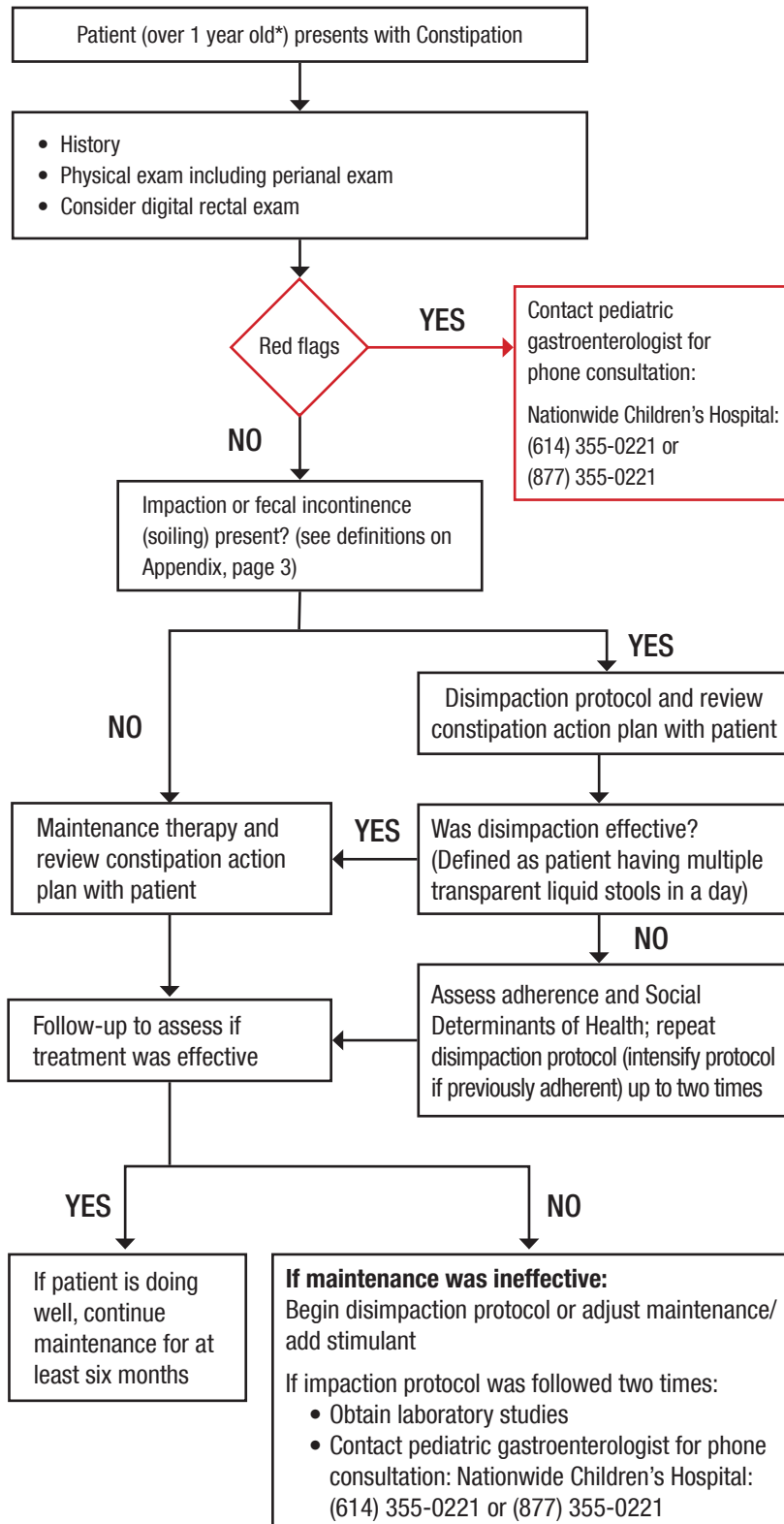


# Constipation Guidelines for Primary Care Providers

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 **NATIONWIDE  
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*When your child needs a hospital, everything matters.*

# Constipation Guidelines for Primary Care Providers



## History Red Flags

- Constipation in the first month of life
- Delayed passage of meconium (>48 hours)
- Family history of Hirschsprung disease or celiac disease
- Ribbon/Thin stools
- Blood in stools in the absence of anal fissures
- Failure to thrive, poor feeding
- Fever
- Bilious vomiting

## Physical Exam Red Flags

- Abnormal thyroid gland
- Severe abdominal distension
- Abnormal perianal inspection
  - Perianal fistula or anal scar
  - Abnormal position of anus
  - Absent anal or cremasteric reflex
  - Gluteal cleft deviation
- Decreased lower extremity strength/tone/reflexes
- Tuft of hair on spine or sacral dimple
- Evidence of bowel obstruction

## Reasons for Phone Consultation or Referral to Pediatric Gastroenterology

- Red flags present in history or physical exam
- Patient is not responding to disimpaction or recommended daily dose of laxative
- Consider labs if not improving: CBC, BMP, Thyroid studies, tissue transglutaminase IgA, total IgA level, lead level (if at risk)
- If referring, please send:
  - All growth curves
  - Lab & radiology results, radiology images on CD if those were not done at Nationwide Children's
  - Reason for referral
  - Any previous regimen attempted for condition

\* For 6 month to 1 year guidelines, visit: [https://naspghan.org/files/documents/pdfs/position-papers/Constipation\\_Feb\\_2014.pdf](https://naspghan.org/files/documents/pdfs/position-papers/Constipation_Feb_2014.pdf)

## Disimpaction Protocols\*

Time of day	Age 1-2 (15 to 22 pounds)	Age 2-4 (22 to 44 pounds)	Age 5-10 (45 to 88 pounds)	Age 10+ (over 88 pounds)
Morning	Take 0.5 chocolate senna laxative square (7.5 mg)	Take 1 chocolate senna laxative square (15 mg)	Take 1.5 chocolate senna laxative squares (22.5 mg)	Take 2 chocolate senna laxative squares (30 mg)
Throughout the day	Mix 2.5 capfuls (42.5 g) of PEG3350 powder in 16 ounces of fluid  Drink it all over 4-8 hours	Mix 4 capfuls (68 g) of PEG3350 powder in 20 ounces of fluid  Drink it all over 4-8 hours	Mix 7 capfuls (119 g) of PEG3350 powder in 32 ounces of fluid  Drink it all over 4-8 hours	Mix 14 capfuls (238 g) of PEG3350 powder in 64 ounces of fluid  Drink it all over 4-8 hours
Evening	Take 0.5 more senna chocolate laxative square (7.5 mg).	Take 1 more senna chocolate laxative square (15 mg).	Take 1.5 more senna chocolate laxative square (22.5 mg).	Take 2 more senna chocolate laxative squares (30 mg).

**Keep on clear liquids the day of the clean-out.**

**Note:** An enema may be needed to start if there is a large stool mass.  
Bisacodyl is available over the counter but may be covered under insurance plans.  
**< 20 kg/44 lb:** 5 mg or 15 mL Bisacodyl  
**> 20 kg/44 lb:** 10 mg or 30 mL Bisacodyl

Maximum two enemas per clean-out. Can be given eight hours apart.

\* For more information on medication coverage, see page 3.

### Tips for Disimpaction

- For school-aged children, start bowel clean-out on Friday after school.
- If unsatisfactory results, repeat up to three days. Parents should call their provider if still not clear.
- Make sure the child is on a clear liquid diet for the duration of the clean-out; otherwise, the clean-out will take too long.

### What to Tell Families

- Give parents written home instructions.
- The child should sit on the toilet two to three times daily, five to 10 minutes each time, for "protected time to have a bowel movement."
- Ensure that smaller children have a footstool or other object so that they have a solid base to push off.
- Parents should use positive reinforcement, not punishment.
- Explain encopresis to the parent and child.
- Although the role of cow's milk after age 1 is controversial, a trial of stopping milk for two to four weeks might be considered in children not responding to bowel therapy.
- Explain the importance of a balanced diet with five servings of fruits and vegetables per day and age-appropriate amounts of fluids.
- Set a follow-up appointment within several weeks to assess progress and provide encouragement and guidance. Encourage follow-up phone calls to remain on track.
- Do not stop medications without contacting your child's provider.

### Maintenance Therapy – Must Maintain All Steps

1. Balanced diet: whole grains, fruits and vegetables
2. Fluids; consider prune juice and age-appropriate water intake.  
**Ages 1 to 2:** Three to four cups of water  
**Ages 2 to 4:** Four cups of water  
**Ages 5 to 10:** Six cups of water  
**Ages 10+:** Eight cups of water
3. Behavioral modification including daily toilet sitting
4. Daily maintenance laxative therapy at an appropriate dose

### Maintenance Therapy – Must Maintain All Steps

#### Osmotic laxatives: TO BE GIVEN EVERY DAY

PEG 3350 (MiraLAX): 0.2-0.8 g/kg/day; 1 capful (17g) should be mixed in 8 oz clear fluid. Adjust dose to ensure one to two soft bowel movements per day.

**or**

Lactulose (10 g packets or 10 g/15 mL syrup)  
 1-2 g (1.5-3 mL)/kg/day divided into one to two doses.  
 Up to 60 mL per day for initial dose.

#### If maintenance therapy with stool softeners is not effective, add daily dose of stimulant laxatives.

Refer to morning disimpaction protocol and to the constipation action plan for dosing of stimulant.

### Tips for Maintenance Therapy

- Daily dose of osmotic laxatives should be adjusted so the patient is having daily bowel movements that are approximately oatmeal consistency.
- If stopping stimulant laxatives that have been given consistently, the dose needs to be slowly weaned off to prevent re-impaction.
- If not improving despite following clean-out and maintenance recommendations, consider referral to pediatric GI.
- MiraLAX smushes and Senna pushes.

## Appendix

### Is this a fecal impaction?

- Fecal impaction is a significant amount of stool in the rectum and colon in the setting of either:
  - Constipation-associated fecal incontinence or encopresis
  - Incomplete or infrequent evacuation

### Diagnostic Criteria for Fecal Impaction:

- One or more of the following is present:
  - A hard mass in the lower abdomen identified on physical exam
  - A dilated rectum filled with a large amount of stool on rectal examination
  - Excessive stool in the distal colon on abdominal radiography

### History

- Did the child pass meconium within the first 48 hours?
- When was the onset of constipation?
- How frequently do they have a bowel movement?
- What is the consistency of the stool according to the Bristol Stool Chart?
- How large are the stools in caliber? Do they clog the toilet?
- Do they have pain with passage or blood present?
- Is the child having stool accidents (streaks or smears in the underwear or full bowel movements outside the toilet)?
- Do they need to strain to pass stool?
- After passing stool, do they feel like they were able to get everything out?
- What medications have been used in the past?
- Have they ever needed to do at home or hospital clean-outs in the past?
- Is there a family history of anorectal malformation or Hirschsprung disease?

### Unified Preferred Drug List (UPDL)

- This condensed version was compiled by Partners For Kids to focus on common pediatric diagnosis.
- View the Unified Preferred Drug List by visiting [PartnersForKids.org/Resources](https://PartnersForKids.org/Resources) and selecting “Prescribing Resources.”
  - The UPDL is developed by ODM and implemented by the single Pharmacy Benefit Manager, Gainwell Technologies.
  - This information is intended for use by providers to select cost-effective medications for their patients. It is not a substitute for individual patient factors and clinical judgment.

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