A PHYSICIAN'S GUIDE

Diagnosing & Managing Constipation

in Children Ages Six Months–18 Years

AUGUST 2021
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

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**Children ages 6 months–18 years experiencing any of these stool conditions:**
- ≤2 stools/week
- hard, large or painful stools
- soiling or withholding stool

**History & Physical Exam**

**Red Flags?**

- **YES** → Evaluate further; Consider referral
- **NO** → **Impacted**

**Impacted**

*Firm palpable stool on abdominal or rectal exam or ≤1 stool per week*

- **YES** → **Disimpaction (Cleanout)**
- **NO** → **Effective?**

**Maintenance Regimen**

- Daily oral medication
- Behavioral intervention
- Diet and exercise counseling
- Education and resources
- Rescue med + communication plan
- Fill out Action Plan #1

**Phone follow-up in 1–2 weeks and Office follow-up in 3–4 weeks**

**1–2 comfortable stools per day?**

- **YES** → **Was Patient/Family Adherent?**
- **NO** → Repeat disimpaction if necessary. Continue Maintenance for 2–3 months.

**1–2 comfortable stools per day?**

- **YES** → **Consider using PPL for advice or referral to GI if treatment is not effective, adherence is confirmed, and disimpaction (cleanout) has been attempted, if needed. If severe pain, refer to ED.**
- **NO** → Wean medications as tolerated
- Avoid weaning at times of stress/transition (e.g. toilet training, start of school)
- Continue remainder of maintenance regimen

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**Diagnosing & Managing Constipation**

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**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 (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 x 3 days. PLUS Senna 8–30mg daily x 3 days
   - **Weight**
     - <20 lbs 1.5g/kg/day ÷ BID NONE
     - 20–40 lbs 0.5 capful in 4 oz BID 1 square daily
     - 41–60 lbs 1.5 capful in 8 oz BID 1 square daily
     - 61–90 lbs 1 capful in 8 oz BID 1 square daily
     - >90 lbs 2 capfuls in 8 oz BID 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

**Red Flags**
- **Infants & Children**
  - Fever, bilious emesis, bloody diarrhea
  - Poor feeding or poor weight gain
  - Analstenosis, lumbar sacral 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

**Maintenance Medication for Infants > 6 Months and Children**

<table>
<thead>
<tr>
<th>Weight</th>
<th>PEG 3350 Daily dose: 1 level measuring tsp = 1/4 capful</th>
<th>Titrate up/down as needed to achieve goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;20 lbs</td>
<td>1/2 to 1 teaspoon</td>
<td>1/4 to 1/2 teaspoons</td>
</tr>
<tr>
<td>20–40 lbs</td>
<td>1 to 2 teaspoons</td>
<td>1 teaspoon</td>
</tr>
<tr>
<td>41–60 lbs</td>
<td>2 teaspoons</td>
<td>1 square daily</td>
</tr>
<tr>
<td>61–90 lbs</td>
<td>1 capful</td>
<td>1/2 capful</td>
</tr>
<tr>
<td>&gt;90 lbs</td>
<td>1 to 2 capful</td>
<td>1 tablet</td>
</tr>
</tbody>
</table>

**“Rescue” Stimulant as needed**
- If child does not pass stool in 1–2 days give stimulant per chart below

<table>
<thead>
<tr>
<th>Weight</th>
<th>Senna syrup 8.8 mg/5 mL</th>
<th>OR</th>
<th>Senna chewable 15 mg/square (e.g. Ex-Lax)</th>
<th>OR</th>
<th>Bisacodyl 5 mg tablet</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;20 lbs</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>20–40 lbs</td>
<td>2.5 ml</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>41–60 lbs</td>
<td>5 ml</td>
<td>1/2 square</td>
<td>1/2 tablet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;60 lbs</td>
<td>10–20 ml</td>
<td>1–2 squares</td>
<td>1 tablet</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Sample Constipation Action Plan: Patient Consultation

#### Patient Name

<table>
<thead>
<tr>
<th>DOB</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First visit for this issue?</th>
<th>□ YES □ NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copy of action plan given to patient?</td>
<td>□ YES □ NO</td>
</tr>
</tbody>
</table>

**Current Stool Symptoms**

- Stools are: □ Hard □ Large □ Painful
- Withholding Stool/Soiling □ YES □ NO
- Stool Frequency □ ≤2 stools/wk □ YES □ NO
- Impacted? □ YES □ NO

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

#### Green Zone: Maintain

- 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 + 5–10 g/day)
- Drink plenty of water

#### Doing Great

**Green Zone Medication**

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

*Generic products are fine to substitute for common brands listed*

**Follow-Up Plan**

- Follow-up by phone within 7–10 days
- Follow-up in office within 4 weeks

**Follow-Up Visit Information**

- Have symptoms improved? □ YES □ NO
- Adherence? □ Satisfactory □ Needs Improvement

#### Yellow Zone: Rescue

- 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

#### Getting Backed Up

**Red Zone: Cleanout**

- 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 + Senno 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)**

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

**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.

**Fully Backed Up, Impacted**

* Generic products are fine to substitute for common brands listed

**Carries risk of electrolyte abnormalities in young children**