Constipation

Clinical assessment/management tool for children with constipation

Management – Primary Care and Community Settings

Healthier Together

NHS

Parents/carers worried about constipation:
BO less than 3x a week/large, hard and difficult to pass / "rabbit droppings" or pellets/overflow soiling.

95% of constipation is idiopathic. History to look for red/amber flag features and identify trigger factors. Physical examination to assess degree of loading & exclude organic causes

"Organic causes of persistent constipation include Hirschprung's disease (consider if delayed meconium, constipation in first month, or FHx), coeliac disease, hypothyroidism, tethered cord. 1° care investigations for intractable constipation include a coeliac screen and thyroid function although it is reasonable to refer to 2° care if constipation persists despite treatment.

No red or amber symptoms?

Amber flag symptoms?

Other medical conditions: e.g. cerebral palsy
Personal/familial/social factors: Can families put in place treatment plan?
Impaction: Large palpable faecal mass
Consider outpatient referral to paediatrics

Red flag symptoms?

Symptoms from birth (e.g. delayed meconium (>48 hours after birth in term baby) –? Hirschprungs

Growth and Wellbeing: Faltering growth

New/undiagnosed weakness in legs, locomotor delay – may suggest tethered cord
Abdominal distension with vomiting (especially green) – possible bowel obstruction / faecal impaction
Personal/family factors: Disclosure/evidence raises concerns: re: child maltreatment

Parental resources from ERIC :
Potty (or toilet) training
Children's Bowel Problems

1) Address trigger factors:
Fluid intake/Diet/Activity for children aged >5 years
Positive praise with rewards
School toilets
Children with Additional Needs

2) Treatment: Primary care-led: paediatric laxido/movicol if appropriate. Disimpaction (v): 2 (<5y), 4(5-11y), 8(12-17y) sachets/day increasing by 2 sachets/day (max 8/day (<11y) or 12/day (12-17y) until stools watery and clear/brown: halve doses + continue (drop 1 sachet/wk if needed).
Maintenance (v): 1 – 4 (<11y) or 2-6 (12-17y) sachets/day. Review at weeks (Please check BNFc)

DISCUSS WITH THE PAEDIATRIC TEAM ON CALL consider rapid referral

Improvement: Provide support as appropriate and continue medications if toilet-training, then tail down medications: likely to need 3-4months treatment. N.B. Laxatives don't cause lazy bowel problems. **SEE ERIC for more advice.**

Refer to **BNF** for more information. Referral to **Continence Nurses** for support advice and continence products in S&W Herts: Safety netting page/education and continence

No improvement: review progress with triggers and adjust Movicol+/- add stimulant (senna/ picosulphate). If no improvement refer to paeds outpatient clinic/ continence nurse.

This guidance has been reviewed and adapted by healthcare professionals across HWE with consent from the Healthier Together Steering Group.