

Constipation Pathway



Clinical Assessment/Management tool for Children

Primary and Community Care Settings

Priorities of clinical assessment

History	Examination	Organic causes
<p>This is the mainstay of diagnosis. Consider with any of the following:</p> <ul style="list-style-type: none"> Bowels open <3 x per week Hard or large stools Blood in stool Recurrent UTIs Straining Rabbit dropping/pellet stools Overflow or reported diarrhoea <p>Soiling is a very common presentation of constipation and should be treated as constipation ERIC Bristol Stool Chart</p>	<ul style="list-style-type: none"> Palpate for faecal mass (not always accurate) this should be re-examined after treatment to ensure resolution Examine anus for position and check patent in infants Examine spine/lower limb neurology/gait Check for peri-anal infection (including strep) 	<ul style="list-style-type: none"> 95% is idiopathic and no investigations are required Consider organic causes where failure to respond to standard treatment Hypothyroidism Coeliac Disease Cows milk protein intolerance Hirschsprung (consider if delayed meconium, constipation in first month, or FHx) Tethered spinal cord (very rare) Abdominal tumour

Assessment Table

GREEN – LOW RISK	AMBER – MEDIUM RISK	RED – HIGH RISK
<ul style="list-style-type: none"> No red or amber symptoms 	<ul style="list-style-type: none"> Growth and Wellbeing: Faltering growth? Other medical conditions: e.g. cerebral palsy Personal/familial/social factors: Can families put in place treatment plan? No improvement with effective treatment after 3 months 	<ul style="list-style-type: none"> Symptoms from birth e.g. delayed meconium - consider Hirschsprung Disease / cystic fibrosis New/undiagnosed weakness in legs - may indicate tethered spinal cord Abdominal distension with vomiting - possible bowel obstruction or faecal impaction Safeguarding - concerns about child maltreatment or neglect, e.g. passing or deliberately smearing stool in inappropriate places, peri-anal injury

Action Table

GREEN ACTION	AMBER ACTION	RED ACTION																
<p>Give advice on:</p> <ul style="list-style-type: none"> Fluid intake/Diet/Activity for children Positive praise with rewards School toilets Children with Additional Needs <p>Parental Resources:</p> <ul style="list-style-type: none"> Toilet training ERIC's guide to children's bowel problems Provide family with written advice – see our page on constipation 	<p>If palpable faecal mass, long history, or soiling, Commence Macrogol Disimpaction Regimen</p> <p>Treatment: Primary care-led: Disimpaction: Macrogol (Movicol/Laxido) Start at dose in table depending on age and increase by 2 sachets per day to maximum dose Once stools watery and clear brown, halve dose and continue (drop 1 sachet per day). Continue on maintenance ensuring bowels open daily for at least 3-6 months</p> <table border="1"> <thead> <tr> <th>Age</th> <th>Disimpaction Start</th> <th>Maintenance</th> <th>Max Dose</th> </tr> </thead> <tbody> <tr> <td><5 years (paediatric macrogol)</td> <td>2</td> <td>1-4</td> <td>8</td> </tr> <tr> <td>5-12 years (paediatric macrogol)</td> <td>4</td> <td>1-4</td> <td>12</td> </tr> <tr> <td>12+ years (adult macrogol)</td> <td>4</td> <td>1-3</td> <td>8</td> </tr> </tbody> </table> <p>Video for families on macrogol use. Please check BNFC / CKS If stools soft but remain infrequent add stimulant laxative</p>	Age	Disimpaction Start	Maintenance	Max Dose	<5 years (paediatric macrogol)	2	1-4	8	5-12 years (paediatric macrogol)	4	1-4	12	12+ years (adult macrogol)	4	1-3	8	<p>Refer to paediatrics</p> <ul style="list-style-type: none"> Discuss with local on call team about same day referral If safeguarding concerns, refer to social care as per policy
Age	Disimpaction Start	Maintenance	Max Dose															
<5 years (paediatric macrogol)	2	1-4	8															
5-12 years (paediatric macrogol)	4	1-4	12															
12+ years (adult macrogol)	4	1-3	8															