

Take a full history and examination including:

- Frequency and consistency of stool
- Diet and fluid intake
- Behaviour including toileting
- Social history

Remember: abdominal pain may be due to constipation and diarrhoea may be overflow

Red Flags

- Constipation from birth or first few weeks of life
- Failure/delay in passing meconium > 48hrs
- Ribbon stools
- Weakness in legs/locomotor delay
- Abdominal distension + /-vomiting
- Abnormal appearance of anus (do not do a PR)
- Abnormal examination of spine
- Abnormal neuromuscular signs or reflexes

Are there any urgent conditions or red flags?
 (If amber flags present such as faltering growth or you suspect child maltreatment - refer to NICE guidance)



For all children

- Give general advice on fluids and diet
- Give written advice on constipation such as from

YES

Is there evidence of faecal impaction, with either of the following:

- Large palpable stool in lower abdomen
- Soiling associated with faecal overflow

NO

YES

REFER
 Discuss with paediatrician or consider referral for further assessment

Idiopathic Constipation

Reassure child and family

Start Maintenance Therapy

1. Start with Movicol
 < 1 year: ½-1 sachet daily
 1-6yrs: 1 sachet daily
 6-12 yrs: 2 sachets daily
2. **Re-assess frequently**
3. Adjust dose to produce regular soft stool. Max 4 sachets/day as maintenance
4. If there is no effect after 2 weeks add a stimulant laxative

If Movicol is not tolerated, substitute with a stimulant laxative +/- Lactulose
 Review children after 4 weeks

Idiopathic Constipation with faecal impaction

Start Disimpaction Therapy

1. Start with Movicol
 < 1 yr: ½-1 sachet daily
 1-5yrs: 2 sachets day 1, increase by 2 sachets/48hrs to max 8
 5-12 yrs: 4 sachets day 1, incr by 2 sachets/day to max 12
2. **Review within 1 week**
3. If there is no effect after 2 weeks add a stimulant laxative e.g. senna

If Movicol not tolerated, substitute with a stimulant laxative +/- Lactulose

Warn parents that disimpaction may initially increase the symptoms of soiling and abdominal pain

For same/next day Paediatric advice from Paediatric consultant:

Evelina : Phone : 07557 159092 (11am-7pm weekdays)
Evelina : Email: general.paediatrics@nhs.net (answer within 24hrs on weekdays)

KCH : Phone: 02032996613 (option 3), (8.30am – midnight weekdays, 8 30am - 8pm weekend)
KCH : Email :via Choose and Book for a response within 24 hrs weekdays

REVIEW overall response 4-6 weeks

Improvement

Continue medication at maintenance dose after regular bowel habit is established for several weeks or months

Do not stop medication abruptly: gradually reduce the dose over a period of months

No improvement after maximal therapy

REFER
 Discuss with paediatrician or consider referral for further assessment:
 KCH : via Choose and Book
 Evelina : Letter FAO General Paediatrics by :
 • Post : Sky Level 6, Evelina London Children's Hospital
 • Fax: 020 7188 4612, or
 • Email: general.paediatrics@nhs.net

TOP TIPS

- ❖ **Engage and support parents**
- ❖ **Are there non-medical factors involved?**
 - Check about toileting issues and toilet behaviour. Use reward systems such as star charts to encourage good toileting behaviour
 - Are they withholding because school toilets not clean etc?
 - Are there other emotional issues/difficulties at home?
- ❖ **Do they understand the condition?**
 - Educate about constipation - Give written information
 - Advice about diet and fluids
 - Let the family know that it is a chronic condition, there is no quick fix, and treatment may be needed for months.
- ❖ **Do they know how to make up and take the medication?**
 - They can mix with other drinks to make it more palatable e.g. squash
- ❖ **Don't under-medicate**
 - Do not be afraid to give high doses of medication – NICE Guidance gives higher doses than BNFC
 - After disimpaction the starting maintenance dose may be half the disimpaction dose

Table 4 from NICE Guidance: Constipation in children and young people - Laxatives: recommended doses

Laxatives	Recommended doses
Osmotic laxatives	
<i>Lactulose</i>	<ul style="list-style-type: none"> • Child 1 month to 1 year: 2.5 ml twice daily adjusted according to response • Child 1-5 years: 2.5-10 ml twice daily, adjusted according to response (non-BNFC recommended dose) • Child/young person 5-18 years, 5-20 ml twice daily, adjusted according to response (non-BNFC recommended dose)
Stimulant laxatives	
<i>Sodium picosulfate</i>	Non-BNFC recommended doses Elixir (5mg/5ml) <ul style="list-style-type: none"> • Child 1 month to 4 years: 2.5-10 mg once a day • Child/young person 4-18 years: 2.5-20 mg once a day Non-BNFC recommended dose Perles (1 tablet = 2.5 mg) <ul style="list-style-type: none"> • Child/young person 4-18 years: 2.5-20 mg once a day
<i>Bisacodyl</i>	Non-BNFC recommended doses By mouth <ul style="list-style-type: none"> • Child/young person 4-18 years: 5-20 mg once daily By rectum (suppository) <ul style="list-style-type: none"> • Child/young person 2-18 years: 5-10 mg once daily
<i>Senna</i>	Senna syrup (7.5 mg/5 ml) <ul style="list-style-type: none"> • Child 1 month to 4 years: 2.5-10 ml once daily • Child/young person 4-18 years: 2.5-20 ml once daily Senna (non-proprietary) (1 tablet = 7.5 mg) <ul style="list-style-type: none"> • Child 2-4 years: ½-2 tablets once daily • Child 4-6 years: ½-4 tablets once daily • Child/young person 6-18 years: 1-4 tablets once daily
<i>Docusate sodium</i>	<ul style="list-style-type: none"> • Child 6 months-2 years: 12.5 mg three times daily (use paediatric oral solution) • Child 2-12 years: 12.5-25 mg three times daily (use paediatric oral solution) • Child/young person 12-18 years: up to 500 mg daily in divided doses

