Constipation Pathway

Healthier Together

Primary and Community Care Settings

Clinical Assessment/Management tool for Children

Priorities of Clinical Assessment

| History | Bristol Stool Chart | Examination | Organic Causes |
|---------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| This is the mainstay of diagnosis. Consider the following: | | Palpate for faecal mass (not always accurate) this should | 95% is idiopathic and no investigations are required |
| Bowels open <3 x per weekHard or large stools | BRISTOL STOOL CHART Type 1 Separah hard kumpu, like muta | be re-examined after treatment to ensure resolution Examine anus for position and check patent | Consider organic causes where failure to respond to standard treatment Hypothyroidism (associated syndromes) |
| • Straining | Type 2 Sexage shaped but lumpy Type 3 Use a sexage but with cracks on its surface | Examine spine/lower limb neurology/gait | Coeliac Disease Hirschsprung (consider if young age of onset and failure to pass meconium |
| Rabbit dropping/pellet stoolsBlood in stool | Type 4 Use a suspect or stude, smooth and sort. Type 5 Soft bids with clear cut edges (pued early) | | in first 2 days of life) Tethered Cord (very rare) |
| Overflow or reported diarrhoea | Type 6 Fully spices with rapped edge, a manify stool | | Abdominal tumour |
| Soiling is a very common presentation of constipation and should be treated as constipation | Type 7 Water, no solid places, sensely legal? www.thepoonurses.uk ***Department of the department of | | |

Assessment Table

| GREEN LOW RISK | AMBER MEDIUM RISK | RED HIGH RISK |
|--------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------|
| No red or amber symptoms | Growth and Wellbeing: Faltering growth? | Symptoms from birth e.g. delayed meconium - consider |
| | | Hirschsprung Disease |
| | Other medical conditions: e.g. cerebral palsy | New/undiagnosed weakness in legs - may indicate tethered cord |
| | | Abdominal distension with vomiting especially green - possible |
| | Personal/familial/social factors: Can families put in place treatment plan? | bowel obstruction or faecal impaction |
| | | Personal/Family Factors - disclosure/evidence that raises concerns |
| | No improvement with effective treatment after 3 months | about child maltreatment or neglect |
| | No improvement with effective treatment after 3 months | New onset constipation in child older than 5 years |

Action Table

| | GREEN ACTION | AMBER | ACTION | | | | | RED ACTION |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| P C E | Parental Resources: Potty (or toilet) training Children's Bowel Problems ERIC's guide to children's bowel problems Address trigger factors: Fluid intake/Diet/Activity for children aged <5 years | Address trigger factors: Fluid intake/Diet/Activity for children aged <5 years Positive praise with rewards School toilets Children with Additional Needs | 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 | | | | Refer to paediatrics Discuss with local on call team about same day referral If safeguarding concerns refer to social care as per local policy | |
| | Positive praise with rewards If palpable large faecal mass or long | If palpable large faecal mass or long history, commence Macrogol Disimpaction Regimen | Age <5 years | Disimpaction Start | Maintenance | Max Dose | | |
| Pro | | | 5-11 years 12-17 years Please check BNFc | 8 | 2-6 | 12 | | |
| | | | If stools soft but remain infrequent add stimulant laxative (e.g. sodium picosulphate) Refer to local continence service or to paediatric outpatients if no improvement with treatment | | | | | |