

# Constipation Pathway



Clinical Assessment/Management tool for Children

Primary and Community Care Settings

Priorities of Clinical Assessment

History	Bristol Stool Chart	Examination	Organic Causes
<p>This is the mainstay of diagnosis. Consider the following:</p> <ul style="list-style-type: none"> <li>Bowels open &lt;3 x per week</li> <li>Hard or large stools</li> <li>Straining</li> <li>Rabbit dropping/pellet stools</li> <li>Blood in stool</li> <li>Overflow or reported diarrhoea</li> </ul> <p>Soiling is a very common presentation of constipation and should be treated as constipation</p>		<p>Palpate for faecal mass (not always accurate) this should be re-examined after treatment to ensure resolution</p> <p>Examine anus for position and check patent</p> <p>Examine spine/lower limb neurology/gait</p>	<p>95% is idiopathic and no investigations are required</p> <p>Consider organic causes where failure to respond to standard treatment</p> <p>Hypothyroidism (associated syndromes)</p> <p>Coeliac Disease</p> <p>Hirschsprung (consider if young age of onset and failure to pass meconium in first 2 days of life)</p> <p>Tethered Cord (very rare)</p> <p>Abdominal tumour</p>

## Assessment Table

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

## Action Table

GREEN ACTION	AMBER ACTION	RED ACTION																
<p><b>Parental Resources:</b></p> <p>Potty (or toilet) training</p> <p>Children's Bowel Problems</p> <p><a href="#">ERIC's guide to children's bowel problems</a></p> <p><b>Address trigger factors:</b></p> <p>Fluid intake/Diet/Activity for children aged &lt;5 years</p> <p>Positive praise with rewards</p> <p>School toilets</p> <p>Children with Additional Need</p> <p>Provide family with safety netting sheet</p>	<p><b>Address trigger factors:</b></p> <p>Fluid intake/Diet/Activity for children aged &lt;5 years</p> <p>Positive praise with rewards</p> <p>School toilets</p> <p>Children with Additional Needs</p> <p>If palpable large faecal mass or long history, commence Macrogol Disimpaction Regimen</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>&lt;5 years</td> <td>2</td> <td>1-4</td> <td>8</td> </tr> <tr> <td>5-11 years</td> <td>4</td> <td>1-4</td> <td>8</td> </tr> <tr> <td>12-17 years</td> <td>8</td> <td>2-6</td> <td>12</td> </tr> </tbody> </table> <p>Please check BNFC</p> <p>If stools soft but remain infrequent add stimulant laxative (e.g. sodium picosulphate)</p> <p>Refer to local continence service or to paediatric outpatients if no improvement with treatment</p>	Age	Disimpaction Start	Maintenance	Max Dose	<5 years	2	1-4	8	5-11 years	4	1-4	8	12-17 years	8	2-6	12	<p><b>Refer to paediatrics</b></p> <p>Discuss with local on call team about same day referral</p> <p>If safeguarding concerns refer to social care as per local policy</p>
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