Constipation Pathway

Clinical assessment / management tool for Children with constipation

Management - Primary Care and Community Settings

Parent/carer 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#

Red flag symptoms?

hours after birth in term baby) - ?Hirschprung's New/undiagnosed weakness in legs, locomotor delay - may suggest tethered cord

Symptoms from birth (e.g. delayed meconium (>48

Abdominal distension with vomiting (especially green) - possible bowel obstruction / faecal impaction **Personal/family factors:** Disclosure/evidence raises concerns: re: child maltreatment Palpable abdominal mass that not consistent with faecal mass



No improvement: review progress with triggers and adjust Movicol+/- add stimulant (senna/ picosulphate). If still no improvement, consider bloods as above and referral to paeds outpatient clinic/ continence nurse.

Amber flag symptoms?

Growth and Wellbeing: Faltering growth? Other medical conditions: e.g. cerebral palsy Personal/familial/social factors: Can families put in place treatment plan? Consider outpatient referral to paediatrics

Treatment: Primary care-led: Movicol/Laxido:

Disimpaction(v) as per <u>BNFc</u> until stools watery and clear/brown: halve dose + continue (drop 1 sachet/wk if needed).

Maintenance(v): 1-4 (<11y) or 2-6 (12-17y) sachets/ day. Review at 4 weeks. Key to laxatives working is developing a good toileting regime as well.

Provide family with safety netting sheet

Continence Nurse: Advice/education and continence pads/products

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.

Parental resources: Potty (or toilet) training The Poo Nurse

School toilets

References: Pathway reproduced from Children's General Continence Flowchart, ERIC the children's bladder and bowel charity. Dosing of laxatives as per BNFc (2019). Investigations based on NICE guidance (CG99).

This document was arrived at after careful consideration of the evidence available including but not exclusively NICE, SIGN, EBM data and NHS evidence, as applicable. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. The guidance does not, however, override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient in consultation with the patient and / or carer.





Organic causes of persistent constipation include Hirschprung's disease (consider if delayed meconium, constipation in first month, or FHx), coeliac disease, hypothyroidism and Cow's milk protein allergy. Rarely caused by a tethered cord.



Improvement: Provide support as appropriate and continue medications if toilet-training, then tail down medications: likely to need 3-4months treatment from when they have normal stools. N.B. Laxatives don't cause lazy bowel.

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