#### **Constipation Management for Children** Management in Primary Care Safeguarding Child presents with constipation Concerns about safeguarding should be managed as per Local Undertake assessment and Safeguarding Children Board eliminate red flags procedures If no red or amber flags, care can be **Red flags Amber flags** provided in primary care. Acutely unwell Anal fissure Suspected safeguarding Provide written and verbal Failure to thrive Bowels not opened in first 48 information. Consider behavioural **Urinary symptoms/** hours of life approach. Consider input from polyuria/polydipsia Abdominal distention with Health Visitor (up to age of 5). See Abnormal spine (on vomiting advice box 3. examination) Leg weakness/abnormal Is faecal impaction reflexes/locomotor delay Is faecal impaction suspected in suspected in under 1 year Abnormal appearance of anus over 1 year old? old <4 weeks old (Palpable stool in abdomen Soiling with overflow) Discuss with the paediatric Refer to the paediatrician on call on-call team for advice via **Consultant Connect 01582** No Yes 297297 See advice Review at 1 week to check if No -reassess for amber or red faecal impaction resolved box 2 for flags. If none present, continue and check adherence to medication See advice box 1 with disimpaction regime. advice. Advice box 2. for prescribing guidance. Yes Review at 1 week to check adherence to advice box 1. Review at week 2 to check effectiveness – has constipation Consider adding a stimulant laxative. See Bedfordshire Formulary resolved? for product choice and NICE guidelines for dosage information. No If not tolerating Macrogol try using alternative osmotic laxative Yes (for specific advice check NICE guidelines). Continue successful medication at maintenance dose for 6-8 No and/or weeks after regular bowel habit Treatment effective Yes Red or amber flags is established. Reduce after 6 - 8 weeks?

present

Refer to paediatric clinic

medication gradually over months as tolerated.

See advice box 3.

# **Constipation Management for Children**

Management in Primary Care



## **Advice Box 1: Initiation Therapy / Maintenance**

- Start therapy with Macrogol paediatric (see Advice Box 4).
- Lifestyle advice regarding diet and fluid intake

	Dose	Instruction
Child aged less than a year	½ to 1 paediatric sachet per day	
Child aged 1-5 years	1 to 4 paediatric sachet per day	Adjust dose to produce regular soft stools
Child aged 6-11 years	2 to 4 paediatric sachet per day	Adjust dose to produce regular soft stools
Child aged over 12 years	2 to 4 paediatric sachet per day or 1 to 2 adult sachet per day	Adjust dose to produce regular soft stools

Review within 1 week

## Advice Box 2: Faecal Impaction

Start disimpaction therapy with Macrogol paediatric (see Advice Box 4).

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Child aged 1-5 years	2	4	4	6	6	8	8
Child aged 6-12 years	4	6	8	10	12	12	12

Children over 12 years should be treated with the adult preparation							
	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Children aged over 12 years	4	6	8	8	8	8	8

Review within 1 week

## **Advice Box 3: Behavioural Approach**

- Positive daily toileting routine (3-4 times) a day for 5-10 mins
- Rewards such as star charts, use of balloons, whistles or bubbles while sitting
- Explanation of the condition with advice sheet
- Consider potential emotional factors
- Bowel diary
- Lots of praise and encouragement
- Emphasise that this is a long term process
- Dietary change
  - Healthy balanced diet
  - Adequate fluid intake (6-8 cups per day)
  - Avoid excessive milk intake beyond infancy

#### **Advice Box 4: ERIC**

The ERIC website (www.eric.org.uk/guides-to-childrens-bowel-and-bladder-problems) has parent information that is free and can be printed for:

- Disimpaction
- How to prepare Macrogol laxatives

This guidance has been produced by Primary Care and consultant clinicians across Bedfordshire, Luton and Milton Keynes, and is written in the following context:

This assessment tool was arrived at after careful consideration of the evidence available including but not exclusively NICE, SIGN, Bristol guideline, EBM data and NHS evidence. Healthcare professionals are expected to take 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 guardian or carer. Issue date: October 2023