Constipation Management for Children Management in Primary Care Child presents with constipation Safeguarding Concerns about safeguarding should be managed as per Local Safeguarding **Undertake assessment and** Children Board procedures eliminate red flags **Amber flags** If no red or amber flags, care **Red flags** Anal fissure can be provided in primary care. Acutely unwell Failure to thrive Suspected safeguarding Provide written and verbal Faltering growth Bowels not opened in first 48 information. Consider **Developmental Delay** hours of life behavioural approach. Consider Constipation triggered by the Abdominal distention with input from Health Visitor (up to introduction of cows' milk Vomiting age of 5). See advice box 3. Urinary symptoms/polyuria/ Leg weakness / Abnormal polydipsia reflexes / locomotor Delay Is faecal impaction suspected in Abnormal spine (on Abnormal appearance of anus over 1 year old? examination) Abnormalities in the lumbosacral (Palpable stool in abdomen and Gluteal regions Soiling with overflow) Does referring practice belong <4 weeks old to a Milton Keynes Primary Care If faecal Impaction suspected in Network? No Yes under 1 year old Yes No See advice box 2 for medication Refer to the advice. Refer to Children's Bladder Follow local paediatrician on call and Bowel Service. protocol. See advice box Reassess for amber or Review at 1 week to check if faecal 1 for prescribing -Yes red flags. If none impaction resolved and check No guidance. present, continue with adherence to Advice box 2. disimpaction regime. Review at 1 week to check Consider adding a stimulant laxative. See Milton Keynes adherence to advice box 1. Formulary for product choice and NICE guidelines for dosage information. **→**(No)→ Review at week 2 to check If not tolerating Macrogol try using alternative osmotic laxative effectiveness – has (for specific advice check NICE guidelines). constipation resolved? Treatment effective after 6 – 8 weeks? Initial Episode: Continue Successful Medication at No and no Red flags present Maintenance dose for 6 - 8 weeks after regular bowel No and habit is established. Then reduce medication gradually **Red flags** Does referring practice belong over months as tolerated present to a Milton Keynes Primary Care Network? Chronic Episode: Continue successful medication at Refer to maintenance dose for 6 months after regular bowel Yes No paediatric

Refer to Children's

Bladder and Bowel

Service

clinic

Follow local

protocol.

habit is established. Then reduce 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 10-15 mins using optimum positioning and relaxation techniques
- 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
- Emphasize that this is a long term process and not to stop the medication suddenly
- 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

Advice Box 5: Contact details
Milton Keynes Children's Bladder &
Bowel Service - 01908 303030

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: March 2025.