

General Paediatrics/ Paediatric Gastroenterology

Management of Constipation in Children

Take a full history and examination including:

- Frequency and consistency of stool
- Diet and fluid intake
- Behaviour including toileting
- Social history

Remember: Abdominal pain may be due to constipation and diarrhoea may be overflow.

Are there any amber/red flags?

For all children
Give general advice on fluids and diet (*see link to NICE guidance below)
Give written advice on constipation such as from patient.co.uk

NO

Amber Flags

Faltering growth
Disclosure or evidence that raises concerns over possibility of child maltreatment

Red Flags

Constipation from birth/neonatal period
Failure/delay in passing meconium > 48hrs
Ribbon stools
Weakness in legs/locomotor delay
Abdominal distension + /-vomiting
Abnormal appearance of anus (do not do a PR)
Abnormal examination of spine
Abnormal neuromuscular signs or reflexes

YES

Idiopathic Constipation

Reassure child and family
Start Maintenance Therapy

- Start with Macrogol (e.g. Movicol paediatric, for >12 years use standard movicol)
 - <1 year: ½-1 sachet daily
 - 1-5 years: 1 sachet daily
 - 6-12 years: 2 sachets daily
 - Re-assess frequently (within 2 weeks)
 - Adjust dose to produce regular soft stool. Max 4 sachets/day as maintenance
 - If there is no effect after 2 weeks add a stimulant laxative (eg senna)
- If Macrogol is not tolerated, substitute with a stimulant laxative +/- lactulose

Review all children after 4 weeks

Faecal impaction

(suspect if LIF mass+/- soiling)

Reassure child and family
Start Disimpaction Therapy

1. Start with Macrogol (e.g. Movicol paediatric, for >12 years use standard movicol)
 - < 1 year: ½-1 sachet daily
 - 1-5 years: 2 sachets to start, increase by 2 sachets every 48hrs to max 8
 - 5-11 years: 4 sachets to start, increase by 2 sachets each day to max 12
2. Review within 1 week
3. If there is no effect after 2 weeks add stimulant laxative (e.g. senna)

If Macrogol not tolerated, substitute with a stimulant laxative +/- Lactulose

Warn child and parents that disimpaction may initially increase the symptoms of soiling and abdominal pain

For advice from Paediatric consultant:

Evelina London:

Phone: CARS service via Consultant Connect (11:00-19:00 Mon-Fri)
Email: general.paediatrics@nhs.net

King's College Hospital:

Phone: Hotline via Consultant Connect (08:30-24:00 Mon-Fri, 08:30-20:00 Sat-Sun)
Email: kch-tr.ambulatorypaediatrics@nhs.net

All families should fill in CYPHP Health Check via www.cyphp.org/health-check
They will be sent a Health Support Pack for management of constipation.

REVIEW overall response 4-6 weeks

Improvement

After regular bowel habit is established **continue medication** at maintenance dose for several weeks or months.

Do not stop medication abruptly: gradually reduce the dose over a period of months.

No improvement

Discuss with paediatrician (as above) or refer to general paediatrics for further assessment

Evelina London and King's College Hospital:

Top Tips

- Engage and support parents.
- Are there non-medical factors involved?
 - Check about toileting issues and toilet behaviour. Use reward systems such as star charts to encourage good toileting behaviour.
 - Are they withholding because school toilets not clean etc.?
 - Are there other emotional issues/difficulties at home?
- Do they understand the condition?
 - Educate about constipation - Give written information.
 - Advice about diet and fluids.
 - Let the family know that it is a chronic condition, there is no quick fix, and treatment may be needed for months.
- Do they know how to make up and take the medication?
 - They can mix with other drinks to make it more palatable e.g. squash.
- Don't under-medicate
 - Do not be afraid to give high doses of medication – NICE Guidance gives higher doses than BNFC.
 - After disimpaction the starting maintenance dose may be half the disimpaction dose.

***Table 4 from NICE Guidance: Constipation in children and young people - Laxatives: recommended doses**

Laxatives	Recommended doses
Osmotic laxatives <i>Lactulose</i>	<ul style="list-style-type: none"> • Child 1 month to 1 year: 2.5 ml twice daily adjusted according to response • Child 1-5 years: 2.5-10 ml twice daily, adjusted according to response (non-BNFC recommended dose) • Child/young person 5-18 years, 5-20 ml twice daily, adjusted according to response (non-BNFC recommended dose)
Stimulant laxatives <i>Senna</i> <i>Discuss with Paeds/ try:</i> <i>Sodium picosulfate</i> <i>Bisacodyl</i>	<p>Senna syrup (7.5 mg/5 ml)</p> <ul style="list-style-type: none"> • Child 1 month to 4 years: 2.5-10 ml once daily • Child/young person 4-18 years: 2.5-20 ml once daily <p>Senna (non-proprietary) (1 tablet = 7.5 mg)</p> <ul style="list-style-type: none"> • Child 2-4 years: ½-2 tablets once daily • Child 4-6 years: ½-4 tables once daily • Child/young person 6-18 years: 1-4 tablets once daily <p>Non-BNFC recommended doses</p> <p>Elixir (5mg/5ml)</p> <ul style="list-style-type: none"> • Child 1 month to 4 years: 2.5-10 mg once a day • Child/young person 4-18 years: 2.5-20 mg once a day <p>Perles (1 tablet = 2.5 mg)</p> <ul style="list-style-type: none"> • Child/young person 4-18 years: 2.5-20 mg once a day <p>Non-BNFC recommended doses</p> <p>By mouth</p> <ul style="list-style-type: none"> • Child/young person 4-18 years: 5-20 mg once daily <p>By rectum (suppository)</p> <ul style="list-style-type: none"> • Child/young person 2-18 years: 5-10 mg once daily
<i>Docosate sodium</i>	<ul style="list-style-type: none"> • Child 6 moths-2 years: 12.5 mg three times daily (use paediatric oral solution) • Child 2-12 years: 12.5-25 mg three times daily (use paediatric oral solution) • Child/young person 12-18 years: up to 500 mg daily in divided doses

The General Paediatric Guidelines were created in collaboration with:

Evelina London Children's Hospital
Children & Young People's Health Partnership

Variety Children's Hospital@King's