Constipation is a common condition for children, and a source of discomfort, frustration and diminished quality of life for patients and families. Chronic constipation is characterized by difficult or painful bowel movements that lasts for more than one month.

**ASSESSMENT**

Perform a standard health history and physical exam with specific questions about bowel movement frequency, consistency of stools, and associated symptoms like pain, fecal incontinence, or blood in stools. Ask additional questions around family history of constipation, IBS, celiac and thyroid disease.

**HPE (HISTORY AND PHYSICAL EXAM) RED FLAGS**

<table>
<thead>
<tr>
<th>In infants and children:</th>
<th>In children:</th>
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<tbody>
<tr>
<td>Fever, bilious emesis, bloody diarrhea</td>
<td>Plateaued height or weight, weight loss</td>
</tr>
<tr>
<td>Poor feeding or poor weight gain</td>
<td>Perianal abscess, fistula</td>
</tr>
<tr>
<td>Anal stenosis, lumbosacral abnormality</td>
<td>Toe walking</td>
</tr>
<tr>
<td>Tight, empty rectum</td>
<td>Back pain</td>
</tr>
</tbody>
</table>

**MANAGEMENT/TREATMENT**

1. **Cleanout and Maintenance model of management**
2. **Cleanouts as needed:** If patient is passing <3 stools per week, has encopresis or firm stool on abdominal or rectal exam, do a cleanout at home.
3. **Maintenance**
   a. **Daily oral medication:** PEG 3350 0.5–1.0 g/kg/day and titrate dose to 1–2 soft BMs/day
   b. **Rescue medication:** Senna 7.5–30 mg as needed if no BM for 1–2 days
   c. **Behavioral intervention:** Sit on toilet 2–3x/day for 5–10 minutes. Use incentives like sticker charts to earn desired prizes or activities
   d. **Diet and exercise:** Fiber (Age + 5–10 g/day), plenty of water, exercise
   e. **Education:** Counsel about long-term management
   f. **Resources:** GIKids.org/Constipation
   g. **Follow-up communication and return visit plan**

**WHEN TO REFER**

If red flags (see above) are present upon HPE, or if constipation does not improve after a maintenance regimen has been instituted with good adherence and cleanout has been done, patient should be referred to the Gastroenterology team at Cincinnati Children’s. When referring, please include:

- Growth curves
- Infant stooling history (delayed meconium passage, rectal stimulation use under six months)
- Family stressors
- Treatment history
- Pertinent labs and radiology results if available

If you have clinical questions about patients with chronic constipation, call the Physician Priority Link® at 513-636-7997.

If you would like additional copies of this tool, or would like more information, please contact the Physician Outreach and Engagement team at Cincinnati Children’s.
Constipation

**Inclusion Criteria**
Children ages 6 months– 8 years experiencing any of these stool conditions:
- ≤ 2 stools/week
- Hard, large or painful stools
- Soiling or withholding stool

**Patient Presents**

**Standard Workup**
- Situational History
- Family History
- Physical Exam

**HPE (HISTORY AND PHYSICAL EXAM) RED FLAGS**

In infants and children:
- Fever, bilious emesis, bloody diarrhea
- Poor feeding or poor weight gain
- Anal stenosis, lumbosacral abnormality
- Tight, empty rectum

In children:
- Plateaued height or weight, weight loss
- Perianal abscess, fistula
- Toe walking, back pain
- Loss of bladder continence

**Evaluate further**

**Any Red Flags?**

**Yes**

**Impacted**—firm palpable stool on abdominal or rectal exam or ≤1 stool/week

**No**

**Disimpaction (Cleanout)**
If patient is passing <3 stools/week, has encopresis or firm stool on abdominal or rectal exam, do a cleanout at home.

**3-Day Oral Disimpaction (Gentle Cleanout)**
Polyethylene glycol (PEG 3350) 1.5 g/kg/day ÷ BID or TID x3 days.
PLUS Senna 8–30 mg daily x3 days

**1-Day Cleanout**
PEG 3350 4g/kg (max 255g), mix in clear fluid, 8oz per 17g capful, max 64oz (e.g. 15 capfuls in 64oz), drink all over 4-6 hours.

**Effective?**

**Yes**

**No**

**Maintenance Regimen**
- Daily oral medication: PEG 3350 0.5–1.0 g/kg/day and titrate dose to 1–2 soft BMs per day
- Rescue medication: Senna 7.5–30 mg as need if no BM for 1–2 days
- Behavioral intervention: Sit on toilet 2–3 times/day for 5–10 minutes
- Diet and exercise: Fiber (age + 5– 0 g/day), plenty of water, exercise
- Education: Counsel about long-term management, GIKIDS.org/ Constipation
- Follow-up communication and return visit plan

**Office follow-up in 3–4 weeks**

**1–2 comfortable stools per day?**

**Yes**

Continue maintenance for 2–3 months
Repeat disimpaction if necessary

**No**

**Was patient/family adherent?**

**Yes**

1–2 comfortable stools per day?

**No**

**Effective?**

**Yes**

- Wean medications as tolerated
- Avoid weaning at times of stress/ transitions (e.g., toilet training, start of school)
- Continue remainder of maintenance regimen

**No**

Consider using PPL for advice or referral to GI if treatment is not effective, adherence is confirmed, and disimpaction (cleanout) has been attempted. If severe pain, refer to ED.

For urgent issues, or to speak with the specialist on call 24/7, call the Physician Priority Link® at 1-888-987-7997.