Constipation Clinical Practice Guideline
Diagnosis and Treatment in the ED

Diagnostic Criteria for Functional Constipation

Must include TWO or more of the following:
1. Two or fewer defecations per week
2. At least one episode per week of incontinence after the acquisition of toileting skills
3. History of retentive posturing or excessive stool retention
4. History of painful or hard bowel movements
5. Presence of a large fecal mass in the rectum
6. History of large diameter stools which may obstruct the toilet

Inclusion Criteria
• ≥ 6 months of age
• Refer to diagnostic criteria for functional constipation

Exclusion Criteria
• Neutropenia
• BMT
• Bowel surgery within 30 days (Consult Surgery)
• Kidney failure
• Cardiac patient on Diuretics (consider for electrolyte disturbance)

Red Flags (Concern for underlying disease)
• Persistent abnormal vital signs
• Persistent abdominal distention/vomiting or bilious emesis (Consider obstruction and other etiologies)
• Blood in the stool without anal fissures on exam
• New onset lower limb weakness/motor delay
• Signs of systemic illness:
  o Fever, mouth sores, joint pain, rash, weight loss
• Failure to thrive; Malabsorption
• Midline dimple; Tuft of hair over lower back
• Concern for Hirschsprung’s disease:
  o First passage meconium after 48 hours of life
  o Tight rectum gripping finger; Explosive stool/air from rectum upon withdrawal examining finger
  o Family history of Hirschsprung’s disease

No
• Consider different diagnosis
• If concern for obstruction, consult Surgery
  Patient off Guideline

Yes

Persistent abdominal pain in need of emergent relief?

No

Effective After 1 Hour

Yes

Begin Education and Discharge

No

Constipation still most likely diagnosis?

Yes

Consult GI
• Consider Admission

No

Consider DRE prior to enema to confirm impaction

< 1 Year of Age:
• Glycerin suppository x 1
• If ineffective, administer 10ml/kg NS Enema

≥ 1 Year of Age:
• Administer Soap Suds Enema

Discharge and Education to include oral cleanout and Maintenance therapy

Red Flags Present

Suspected fecal impaction or diagnosis of constipation unclear?

Evaluate for Other Conditions
Patient off Guideline

2 Fecal Impaction

• Fecal impaction is defined as:
  - A hard mass in the lower abdomen identified on physical examination OR
  - A dilated rectum filled with a large amount of stool on rectal examination OR
  - Excessive stool in the distal colon on abdominal radiography

3 DRE (Digital Rectal Exam)

• For children who need a cleanout or admission in the absence of a large stool mass, a DRE is advised to confirm an impaction.
• An Abdominal X-ray is less reliable but can be considered if a DRE cannot be completed.
• Consider another diagnosis before proceeding with enema if impaction not found

4 Enema Effectiveness

Discharge only if enema is effective
• Enema is effective if:
  - Patient evacuated enema with stool output, Improvement in clinical symptoms, AND
  Improvement on repeat physical exam

Developed through the efforts of Children’s Healthcare of Atlanta and physicians on Children’s medical staff in the interest of advancing pediatric healthcare. This pathway is a general guideline and does not represent a professional care standard governing providers’ obligation to patients. Ultimately the patient’s physician must determine the most appropriate care. © 2016 Children’s Healthcare of Atlanta, Inc.
### Preferred Medication: Soap Suds Enema

- Add 27 ml Castile Soap (3 packets) to 1000 ml of Normal Saline
- Dose 20 ml/kg (Max Dose 1000 ml)

### Home Miralax Dosing and Discharge Education

<table>
<thead>
<tr>
<th>CLEANOUT</th>
<th>MAINTENANCE</th>
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<tbody>
<tr>
<td><strong>1 to &lt;3 years old</strong></td>
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<tr>
<td>3 day oral disimpaction: Take 1 capful (17 grams) Miralax every day for 3 days in 8 oz. of juice</td>
<td>After 3 day cleanout: On day 4 take ¼ capful (4.25 grams, 1 baking tsp) Miralax daily in at least 4 oz. of any liquid. If stools are too liquid, decrease Miralax to 1/8 capful (~ ½ baking tsp) but do not stop taking</td>
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<tr>
<td><strong>3 to &lt;6 years old</strong></td>
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<tr>
<td>3 day oral disimpaction: Take 2 capfuls (34 grams) Miralax every day for 3 days in 16 oz. of juice</td>
<td>After 3 day cleanout: On day 4 take ½ capful (8.5 grams) Miralax daily in at least 4 oz. of any liquid. If stools are too liquid, decrease Miralax to 1/4 capful (~1 baking tsp) but do not stop taking</td>
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<td><strong>6-11 years old</strong></td>
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<tr>
<td>1 day oral disimpaction: Take 7 capfuls (119 grams) Miralax for 1 day in 32 oz. Gatorade</td>
<td>After 1 day cleanout: On day 2 take 1 capful (17 grams) Miralax daily in at least 8 oz. of any liquid. If stools are too liquid, decrease Miralax to 1/2 capful but do not stop taking</td>
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<tr>
<td><strong>12 years and older</strong></td>
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<tr>
<td>1 day oral disimpaction: Take 14 capfuls (238 grams) Miralax for 1 day in 64 oz. Gatorade</td>
<td>After 1 day cleanout: On day 2 take 1 capful (17 grams) Miralax daily in at least 8 oz. of any liquid. If stools are too liquid, decrease Miralax to 1/2 capful but do not stop taking</td>
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### Discharge Education

- Encourage fluid intake (especially during cleanout)
- Follow up with PCP or GI for ongoing management of constipation
  - Return to care sooner if abdominal pain persists or symptoms not improving
- Continue maintenance dosing until contact with PCP/GI