

# Constipation Clinical Practice Guideline

Diagnosis and Treatment in the ED

FINAL 11/30/16  
UPDATED 3/31/22



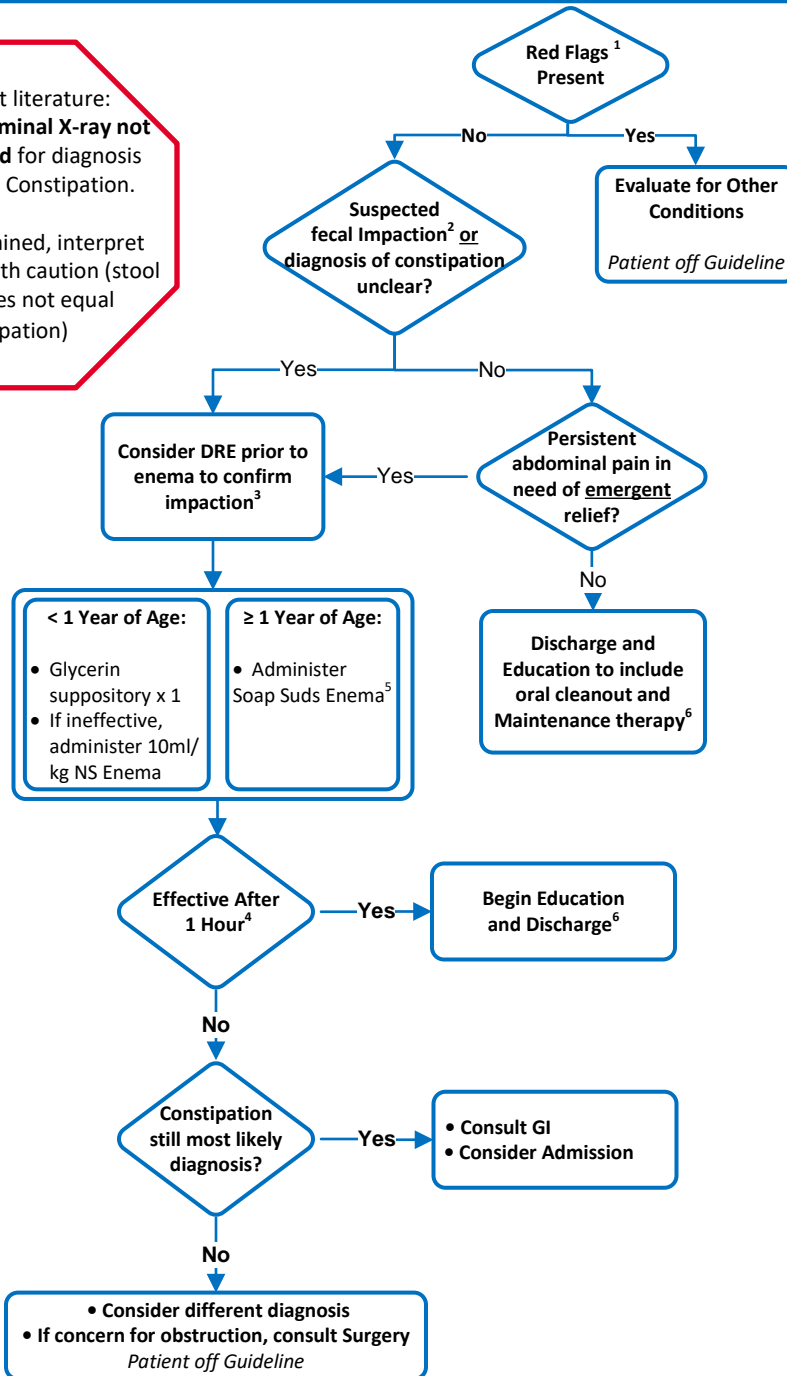
## Diagnostic Criteria for Functional Constipation

Must include **TWO or more** of the following:

- Two or fewer defecations per week
- At least one episode per week of incontinence after the acquisition of toileting skills
- History of retentive posturing or excessive stool retention
- History of painful or hard bowel movements
- Presence of a large fecal mass in the rectum
- History of large diameter stools which may obstruct the toilet

## Treatment of Functional Constipation

Per current literature:  
**Routine abdominal X-ray not recommended** for diagnosis of Functional Constipation.  
If X-ray is obtained, interpret stool burden with caution (stool burden does not equal constipation)



### 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 (concern for electrolyte disturbance)

### <sup>1</sup> 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

### <sup>2</sup> 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

### <sup>3</sup> 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

### <sup>4</sup> 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

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### <sup>5</sup>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)

### <sup>6</sup>Home Miralax Dosing and Discharge Education

#### CLEANOUT

##### 1 to <3 years old

**3 day oral disimpaction:** Take 1 capful (17 grams) Miralax every day for 3 days in 8 oz. of juice

##### 3 to <6 years old

**3 day oral disimpaction:** Take 2 capfuls (34 grams) Miralax every day for 3 days in 16 oz. of juice

##### 6-11 years old

**1 day oral disimpaction:** Take 7 capfuls (119 grams) Miralax for 1 day in 32 oz. Gatorade

##### 12 years and older

**1 day oral disimpaction:** Take 14 capfuls (238 grams) Miralax for 1 day in 64 oz. Gatorade

#### MAINTENANCE

##### 1 to <3 years old

After 3 day cleanout: On day 4 take  $\frac{1}{4}$  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  $\frac{1}{8}$  capful (~  $\frac{1}{2}$  baking tsp) but do not stop taking*

##### 3 to <6 years old

After 3 day cleanout: On day 4 take  $\frac{1}{2}$  capful (8.5 grams) Miralax daily in at least 4 oz. of any liquid  
*If stools are too liquid, decrease Miralax to  $\frac{1}{4}$  capful (~1 baking tsp) but do not stop taking*

##### 6-11 years old

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  $\frac{1}{2}$  capful but do not stop taking*

##### 12 years and older

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  $\frac{1}{2}$  capful but do not stop taking*

#### 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