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)

Red Flags
- Midline dimple; Tuft of hair over lower back
- New onset lower limb weakness/motor delay
- Signs of systemic illness: fever, mouth sores, joint pain, rash
- Persistent abnormal vital signs
- Weight loss
- First passage meconium after 48 hours of life
- Persistent abdominal distention/vomiting (Consider obstruction and other etiologies)
- Bloody diarrhea
- Bilious emesis
- Failure to thrive; Malabsorption
- Tight rectum gripping finger; Explosive stool/air from rectum upon withdrawal examining finger
- Family history of Hirschprung’s disease

Concern for underlying disease

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 distal colon on abdominal X-ray

DRE (Digital Rectal Exam)
- For children who need a cleanout or ED transfer in the absence of a large stool mass, a DRE is advised to confirm impaction.
- 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

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

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
### Preferred Enemas: Soap Suds and sodium phosphates (FLEET) enema

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

**FLEET Enema Dosing:**
- 2-4 years: Administer ¼ of one 2.25 ounce pediatric enema (33 ml)
- 5-11 years: Administer one entire 2.25 ounce pediatric enema (66 ml)
- ≥ 12 years and Adolescents: Administer one 4.5 ounce enema as a single dose (133 ml)

*Consider Soap Suds Enema if patient has a chronic history of constipation or presents with severe impaction*

### Home Miralax Dosing and Discharge Education

#### Cleanout

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Dosing Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 to &lt;3 years old</strong></td>
<td><strong>3 day oral disimpaction:</strong> Take 1 capful (17 grams) Miralax every day for 3 days in 8 oz. of juice</td>
</tr>
<tr>
<td><strong>3 to &lt;6 years old</strong></td>
<td><strong>3 day oral disimpaction:</strong> Take 2 capfuls (34 grams) Miralax every day for 3 days in 16 oz. of juice</td>
</tr>
<tr>
<td><strong>6-11 years old</strong></td>
<td><strong>1 day oral disimpaction:</strong> Take 7 capfuls (119 grams) Miralax for 1 day in 32 oz. Gatorade</td>
</tr>
<tr>
<td><strong>12 years and older</strong></td>
<td><strong>1 day oral disimpaction:</strong> Take 14 capfuls (238 grams) Miralax for 1 day in 64 oz. Gatorade</td>
</tr>
</tbody>
</table>

#### Maintenance

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Dosing Details</th>
</tr>
</thead>
</table>
| **1 to <3 years old** | 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  |
| **3 to <6 years old** | 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 1/8 capful (~½ baking tsp) but do not stop taking  |
| **6-11 years old**  | After 1 day cleanout: On day 2 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  |
| **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 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