



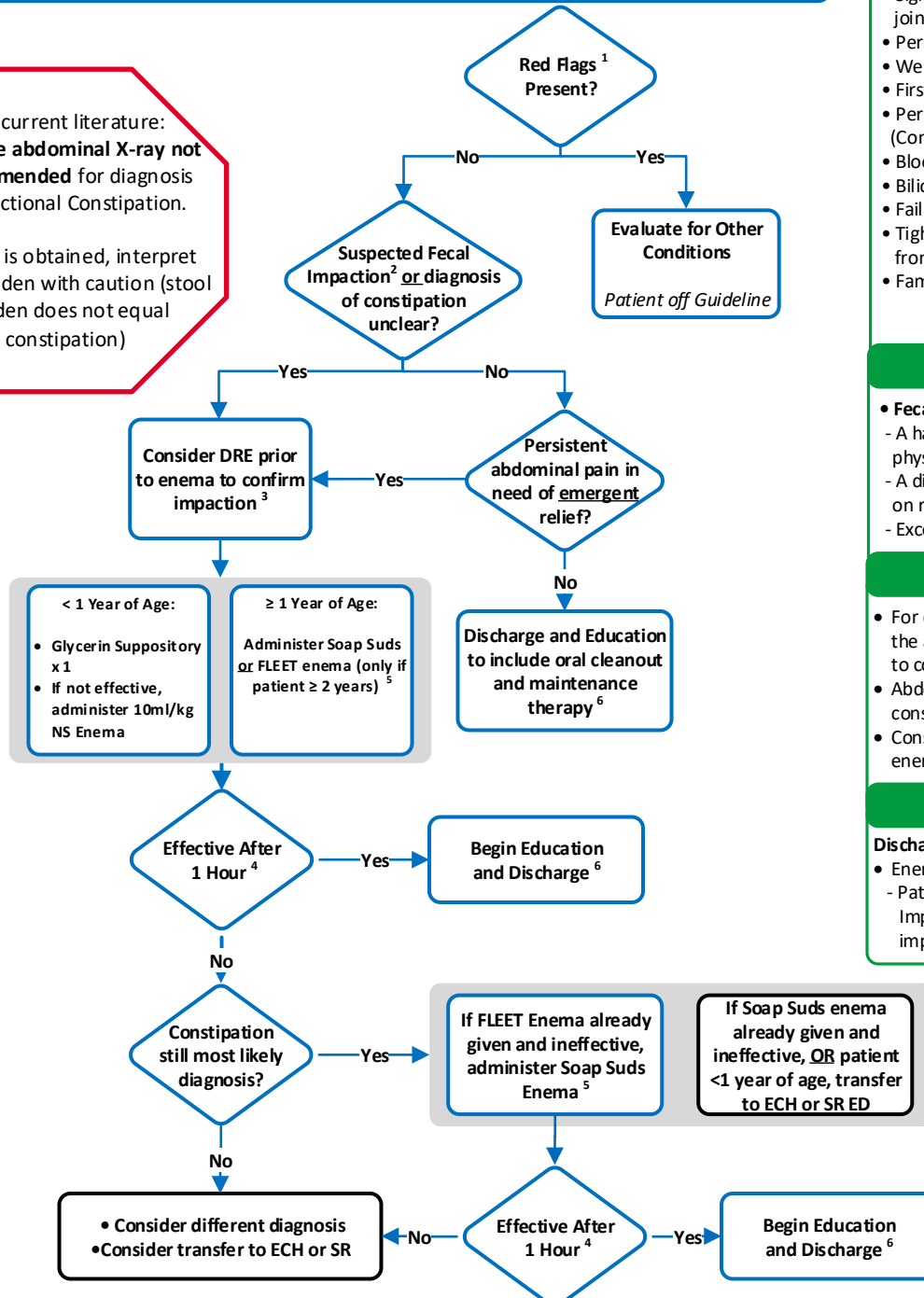
## Diagnostic Criteria for Functional Constipation

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

- 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

### <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 distal colon on abdominal X-ray

### <sup>3</sup> 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

### <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



## 5 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 ½ 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\***

## 6 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 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
  - o Return to care sooner if abdominal pain persists or symptoms not improving
- Continue maintenance dosing until contact with PCP/GI