constipation pathway
clinical assessment / management tool for children with constipation
management - primary care and community settings

parent/carer worried about constipation:
bo less than 3x a week/large, hard and difficult to pass / "rabbit droppings" or pellets /overflow soiling

95% of constipation is idiopathic. history to look for red/amber flag features and identify trigger factors.
physical examination to assess degree of loading & exclude organic causes*

- organic causes of persistent constipation include
  hirschsprung's disease (consider if delayed meconium, constipation in first month, or fhx),
  coeliac disease, hypothyroidism, tethered cord.
  rarely caused by cow's milk protein allergy.

1° care investigations for intractable constipation include a coeliac screen and thyroid function
although it is reasonable to refer to 2° care if constipation persists despite treatment.

red flag symptoms?
symptoms from birth (e.g. delayed meconium (>48 hours after birth in term baby) – hirschsprung’s
new/undiagnosed weakness in legs, locomotor delay – may suggest tethered cord
abdominal distension with vomiting (especially green) – possible bowel obstruction / faecal impaction
personal/family factors: disclosure/evidence raises concerns: re: child maltreatment

urgent referral to paeds
discuss with consultant on call, consider rapid referral

amber flag symptoms?
growth and wellbeing: faltering growth?
other medical conditions: e.g. cerebral palsy
personal/familial/social factors: can families put in place treatment plan?
impaction: large palpable faecal mass
consider outpatient referral to paediatrics

2° treatment:
primary care-led: movicol/laxido:
disimpaction(v): 2(<5y), 4(5-11y), 8(12-17y) sachets/day increasing by 2 sachets/day (max 8/day (<11y) or
12/day (12-17y) until stools watery and clear/brown: halve dose + continue (drop 1 sachet/wk if needed).
maintenance(v): 1-4 (<11y) or 2-6 (12-17y) sachets/day. review at 4 weeks. (please check bnf)
provide family with safety netting sheet

no improvement:
review progress with triggers and adjust movicol/+ add stimulant (senna/picosulphate).
if no improvement refer to paeds outpatient clinic/continence nurse.

continence nurse:
advise/education and continence pads/products

no red or amber symptoms?

1° care investigations for intractable constipation include a coeliac screen and thyroid function
although it is reasonable to refer to 2° care if constipation persists despite treatment.

red flag symptoms?
symptoms from birth (e.g. delayed meconium (>48 hours after birth in term baby) – hirschsprung’s
new/undiagnosed weakness in legs, locomotor delay – may suggest tethered cord
abdominal distension with vomiting (especially green) – possible bowel obstruction / faecal impaction
personal/family factors: disclosure/evidence raises concerns: re: child maltreatment

urgent referral to paeds
discuss with consultant on call, consider rapid referral

amber flag symptoms?
growth and wellbeing: faltering growth?
other medical conditions: e.g. cerebral palsy
personal/familial/social factors: can families put in place treatment plan?
impaction: large palpable faecal mass
consider outpatient referral to paediatrics

2° treatment:
primary care-led: movicol/laxido:
disimpaction(v): 2(<5y), 4(5-11y), 8(12-17y) sachets/day increasing by 2 sachets/day (max 8/day (<11y) or
12/day (12-17y) until stools watery and clear/brown: halve dose + continue (drop 1 sachet/wk if needed).
maintenance(v): 1-4 (<11y) or 2-6 (12-17y) sachets/day. review at 4 weeks. (please check bnf)
provide family with safety netting sheet

no improvement:
review progress with triggers and adjust movicol/+ add stimulant (senna/picosulphate).
if no improvement refer to paeds outpatient clinic/continence nurse.

continence nurse:
advise/education and continence pads/products

no red or amber symptoms?

1° care investigations for intractable constipation include a coeliac screen and thyroid function
although it is reasonable to refer to 2° care if constipation persists despite treatment.

red flag symptoms?
symptoms from birth (e.g. delayed meconium (>48 hours after birth in term baby) – hirschsprung’s
new/undiagnosed weakness in legs, locomotor delay – may suggest tethered cord
abdominal distension with vomiting (especially green) – possible bowel obstruction / faecal impaction
personal/family factors: disclosure/evidence raises concerns: re: child maltreatment

urgent referral to paeds
discuss with consultant on call, consider rapid referral

amber flag symptoms?
growth and wellbeing: faltering growth?
other medical conditions: e.g. cerebral palsy
personal/familial/social factors: can families put in place treatment plan?
impaction: large palpable faecal mass
consider outpatient referral to paediatrics

2° treatment:
primary care-led: movicol/laxido:
disimpaction(v): 2(<5y), 4(5-11y), 8(12-17y) sachets/day increasing by 2 sachets/day (max 8/day (<11y) or
12/day (12-17y) until stools watery and clear/brown: halve dose + continue (drop 1 sachet/wk if needed).
maintenance(v): 1-4 (<11y) or 2-6 (12-17y) sachets/day. review at 4 weeks. (please check bnf)
provide family with safety netting sheet

no improvement:
review progress with triggers and adjust movicol/+ add stimulant (senna/picosulphate).
if no improvement refer to paeds outpatient clinic/continence nurse.

continence nurse:
advise/education and continence pads/products

no red or amber symptoms?

1° care investigations for intractable constipation include a coeliac screen and thyroid function
although it is reasonable to refer to 2° care if constipation persists despite treatment.

red flag symptoms?
symptoms from birth (e.g. delayed meconium (>48 hours after birth in term baby) – hirschsprung’s
new/undiagnosed weakness in legs, locomotor delay – may suggest tethered cord
abdominal distension with vomiting (especially green) – possible bowel obstruction / faecal impaction
personal/family factors: disclosure/evidence raises concerns: re: child maltreatment

urgent referral to paeds
discuss with consultant on call, consider rapid referral

amber flag symptoms?
growth and wellbeing: faltering growth?
other medical conditions: e.g. cerebral palsy
personal/familial/social factors: can families put in place treatment plan?
impaction: large palpable faecal mass
consider outpatient referral to paediatrics

2° treatment:
primary care-led: movicol/laxido:
disimpaction(v): 2(<5y), 4(5-11y), 8(12-17y) sachets/day increasing by 2 sachets/day (max 8/day (<11y) or
12/day (12-17y) until stools watery and clear/brown: halve dose + continue (drop 1 sachet/wk if needed).
maintenance(v): 1-4 (<11y) or 2-6 (12-17y) sachets/day. review at 4 weeks. (please check bnf)
provide family with safety netting sheet

no improvement:
review progress with triggers and adjust movicol/+ add stimulant (senna/picosulphate).
if no improvement refer to paeds outpatient clinic/continence nurse.

continence nurse:
advise/education and continence pads/products

no red or amber symptoms?

1° care investigations for intractable constipation include a coeliac screen and thyroid function
although it is reasonable to refer to 2° care if constipation persists despite treatment.

red flag symptoms?
symptoms from birth (e.g. delayed meconium (>48 hours after birth in term baby) – hirschsprung’s
new/undiagnosed weakness in legs, locomotor delay – may suggest tethered cord
abdominal distension with vomiting (especially green) – possible bowel obstruction / faecal impaction
personal/family factors: disclosure/evidence raises concerns: re: child maltreatment

urgent referral to paeds
discuss with consultant on call, consider rapid referral

amber flag symptoms?
growth and wellbeing: faltering growth?
other medical conditions: e.g. cerebral palsy
personal/familial/social factors: can families put in place treatment plan?
impaction: large palpable faecal mass
consider outpatient referral to paediatrics

2° treatment:
primary care-led: movicol/laxido:
disimpaction(v): 2(<5y), 4(5-11y), 8(12-17y) sachets/day increasing by 2 sachets/day (max 8/day (<11y) or
12/day (12-17y) until stools watery and clear/brown: halve dose + continue (drop 1 sachet/wk if needed).
maintenance(v): 1-4 (<11y) or 2-6 (12-17y) sachets/day. review at 4 weeks. (please check bnf)
provide family with safety netting sheet

no improvement:
review progress with triggers and adjust movicol/+ add stimulant (senna/picosulphate).
if no improvement refer to paeds outpatient clinic/continence nurse.

continence nurse:
advise/education and continence pads/products

no red or amber symptoms?

1° care investigations for intractable constipation include a coeliac screen and thyroid function
although it is reasonable to refer to 2° care if constipation persists despite treatment.