Evaluation and Treatment of Suspected Functional Constipation in Infants and Children

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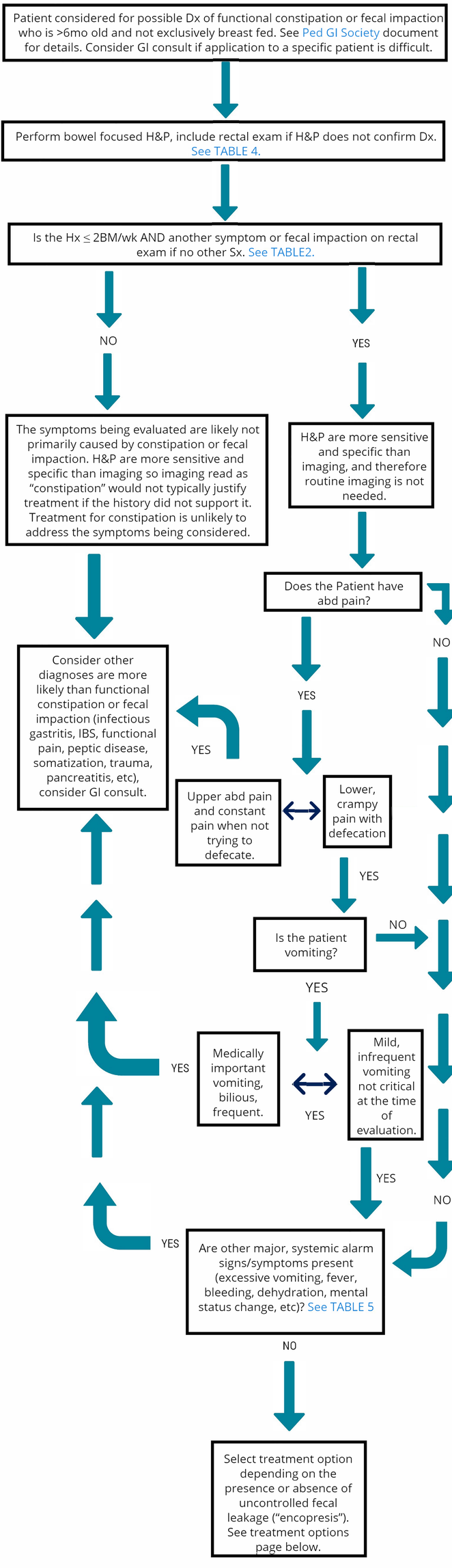

This guideline is for:
Children > 6 months of age and not exclusively breast fed

This guideline was not specifically designed for:
Children < 6 months of age or those who are > 6 months of age and are exclusively breastfed

Treatment Options for Functional Constipation and Fecal Impaction

Effective treatment can be accomplished as an outpatient in the vast majority of cases. The goal is to "demystify" the situation. Explain that fecal impaction is related to the habit of stool holding, that uncontrolled fecal soiling is indicative of a rectal impaction that must be removed, and effective treatment will necessarily induce a few days of diarrhea. Invasive, expensive and risky procedures, or hospital admission are seldom needed.

See Ped GI constipation guideline document for a complete list of other options.

Moderate fecal impaction based on H&P with uncontrolled fecal soiling (this is the most common approach)

Begin ambulatory treatment with one of these options and f/u primary MD or GI.

1. Miralax, 1 to 1 ½ “scoops” (one “scoop” = 17g = one “dose”)/10kg body weight (+/-0.5 dose as needed). Each 17g dose is in 8oz liquid and consumed in less than 10min. Continue for 2-3d then go to maintenance dosing below. One of the rectal options below can be added initially, if needed.
2. Magnesium citrate 3 ml/kg plus clear liquids15 ml/kg consumed in 4 hours.. Option to repeat 24h later. In some cases one of the rectal options below can be added initially, if needed.

Severe fecal impaction based on H&P with uncontrolled fecal soiling (give routine colonoscopy prep)

Begin ambulatory treatment with one of these options and f/u primary MD or GI:

1. Modified ambulatory colonoscopy prep for age >13y: Eat light breakfast then remain on clear liquids only until the next morning. Mix 255g Miralax (1 standard bottle) with 64oz Gatorade. Drink 8oz every 20-30 min until gone. Then swallow four (4), 5mg bisacodyl (Dulcolax) tablets by mouth.
2. Modified ambulatory colonoscopy prep age 2y and up: Eat light breakfast then remain on clear liquids only until the next morning. Take magnesium citrate 4ml/kg (up to 240cc) consumed within 20min (OK to mix with other fluids).

Drink at least 8ml/kg over the next 6h, then give bisacodyl (Dulcolax) suppository (half for <10y of age). If large BM does not occur, repeat bisacodyl or give fleet's enema in the morning (pediatric for age <10y).

Key concepts for review with family:

1. A toilet routine should start immediately (sit on toilet for 5min after meals).
2. If Miralax is being used it must be mixed in a ratio of 17g (one scoop, or one "dose") to 8oz fluid and consumed in 10min.
3. The patient MUST get diarrhea for 1-2 days to remove the impaction (do not stop treatment early for diarrhea).
4. **Inpatient:** If patient is developmentally unable to take oral, ambulatory medications (e.g. 100kg non-verbal autistic child) or socially unable to take oral, ambulatory medications (e.g. lives in group institutional setting or is poorly supervised) then the options are NG Golytely 1-2ml/kg/h for 3h then up to 3-4ml/kg/h for 24-36h while taking only PO clear liquids, +/- half maintenance IV fluid, or the "severe impaction" options above can be given NG. If the patient is too ill to take medications from above, reconsider the diagnosis and indications for treatment.

Constipation without uncontrolled fecal soiling.

Begin maintenance with chronic use of:

1. Miralax, one 17g scoop (one "dose")/20kg body weight (+/-0.5 dose as needed). Each 17g dose is in 8oz liquid and consumed in less than 15min.
2. Lactulose 1-2g/kg divided one or twice daily (sweet taste and smaller volume, good option for small child who has trouble consuming the miralax).
3. Milk of magnesia up to 1ml/kg/d.

Options for acute use rectally, then go to chronic use orally above (do not use rectal options chronically):

1. Rectal bisacodyl (Dulcolax) 2-10y old, 5mg; >10y, 10mg.
2. Phosphate (Fleet's) enema. Pediatric if age <10y.
3. Do not use soap enemas, milk enemas, or molasses enemas.

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