Constipation

For use by healthcare professionals only

Clinical Assessment/Management tool for Children





Priorities of Clinical Assessment

History	Bristol Stool Chart	Examination	Organic Causes
Bowel pattern (open <3 x per week)		Palpate for faecal mass (not always accurate) this should	95% is idiopathic and no investigations are required
Bowel consistency - hard or large stools	RRISTOL STOOL CHART		Consider organic causes where failure to respond to standard treatment
Straining or distress with opening bowels	Separate hand lumps, like nuts thard to pass)	Examine spine/lower limb neurology/gait	Hypothyroidism (associated syndromes)
Rabbit dropping/pellet stools	Type 2 Sausage-shaped bot lumpy Type 3		Coeliac Disease
Blood in stool	Use a susage but with cracks on its surface. Type 4 Is not a resulting or stake, success and success are success		Hirschsprung (consider if young age of onset and failure to pass meconium in first 2 days of life)
Retentive posturing	smooth and soft Type 5 Soft blood with clear cut edges (gueed exist)		Tethered Cord (very rare)
Soiling / Overflow or reported diarrhoea	Type 6 Null process with ragged sign 1, make your limit of the process with ragged sign 1, make your limit of the process of t		Abdominal tumour
Poor appetite that resolves with opening of bowels	Type 7 Waters, no solid pieces, entitrely liquid WWWW The proportiers Culk		
History of fissures, urinary symptoms, and prior constipation	ERIC Bristol Stool Chart		

Assessment Table

GREEN LOW RISK	AMBER MEDIUM RISK	RED HIGH RISK
No red or amber symptoms	Growth and Wellbeing: Faitering growth?	Symptoms from birth e.g. delayed meconium-consider Hirschsprung disease New/undiagnosed weakness in legs - may indicate tethered cord
95% of constipation is idiopathic and no investigations are	Other medical conditions: e.g. cerebral palsy, developmental delay	Abdominal distension with vomiting especially green - possible bowel obstruction or faecal impaction
required	Personal/familial/social factors: Can families put in place treatment plan? Safeguarding concerns?	Personal/Family Factors - disclosure/evidence that raises concerns about
		child maltreatment or neglect New onset constipation in child older than 5 years
	No improvement with effective treatment after 3 months Consider organic cause if fails to respond in 3 months - coeliac disease, hypothyroidism, cystic fibrosis (if frequent rectal prolapse)	Ribbon like stools with presence of blood and mucous
		Abnormal appearance of the spine or sacral region

Action Table AMBER ACTION RED ACTION GREEN ACTION Address trigger factors: **Parental Resources: Treatment: Primary care-led:** Refer to paediatrics Potty (or toilet) training Fluid intake/Diet/Activity for children Disimpaction: Macrogol (Movicol/Laxido) Discuss with local on call team about same day referral aged <5 years Children's Bowel Problems Start at dose in table depending on age and increase by 2 sachets per day to If safeguarding concerns refer to social care as per local policy Positive praise with rewards ERIC's guide to children's bowel problems maximum dose School toilets Once stools watery and clear brown, halve dose and continue (drop 1 sachet per day). Children with Additional Needs Continue on maintenance ensuring bowels open daily for at least 3-6 months Address trigger factors: Fluid intake/Diet/Activity for children aged <5 years Disimpaction If palpable large faecal mass or long Maintenance Max Dose Age Positive praise with rewards Start history, commence Macrogol Disim-School toilets paction Regimen <5 years Children with Additional Need 1-4 5-11 years Provide family with safety netting sheet 2-6 12-17 years Please check BNFc If stools soft but remain infrequent add stimulant laxative (e.g. sodium picosulphate)

Refer to local continence service or to paediatric outpatients if no improvement with

treatment