

Tower Hamlets Children and Young People Guideline Constipation Management

For advice and guidance, contact the Paediatric Hotline.

Telephone number: 07919598173 or E-mail: BHNT.advice-paediatric-barts@nhs.net

Primary Care Practitioners

Child Presents with Constipation

- Undertake assessment and eliminate Red Flags
- Disimpact if signs of impaction (overflow soiling or faecal mass identified on abdominal examination). Review within 1 week. Immediately commence maintenance medication of Macrogols as per NICE guidelines. Review in 2 weeks. (See page 4)
- Patient not impacted commence maintenance medication as per NICE guidelines. Review in 2 weeks. (See appendix item)

Safeguarding

Concerns about Safeguarding should be managed as per LSCB/London Child Protection Procedures

[Safeguarding Procedures](#)

RED FLAGS – for immediate referral to Paediatrician

- Symptoms that commence from birth or in the first few weeks.
- Failure or delay (>first 48 hours at term) in passing meconium.
- Ribbon stools.
- Leg weakness or locomotor delay.
- Abdominal distension with vomiting.
- Abnormal examination findings including:
 - Abnormal appearance of anus.
 - Gross abdominal distension.
 - Abnormal gluteal muscles, scoliosis, sacral agenesis, etc.
 - Limb deformity including talipes.
 - Abnormal reflexes.
- Growth abnormalities

Improved

Continue successful medication until regular bowel habits and toilet training established. Reduced medication gradually, over months, as tolerated.

See Page 6

No Improvement

Add a stimulant laxative such as Senna as per NICE Guidance. Review in 2-4 weeks.

See Page 4

No Improvement

Refer to Nurse led Specialist Services.

See Page 2

Provide written and verbal information at this appointment. Consider behavioural modification, toileting regimes, physical activity, diet and fluids.

See ERIC*
See page 7

NICE Guidance: <https://www.nice.org.uk/guidance/cg99/>

Refer to Specialist Service: BHNT.PaedsContinenceAdmin@nhs.net

Further advice available from: *ERIC - <https://www.eric.org.uk/>
<http://www.bladderandboweluk.co.uk/>

Specialist Services Only

Community Paediatric Continence Service -
BHNT.PaedsContinenceAdmin@nhs.net

Specialist Service

Assess and treat with medication adjustment, advice, support and demystification.

Implement schedule as per NICE.

Safeguarding

Concerns about Safeguarding should be managed as per LSCB/London Child Protection Procedures

[Safeguarding Procedures](#)

Constipation fails to resolve

- Review medication – check adherence etc.
- Adjust dose/introduce stimulants if necessary See page 6
- Consider possibility of undetected Coeliac disease/Cows milk allergy
- Consider transit study
- Liaise with GP/ Paediatrician as necessary

Constipation remains unresolved

Consider suppositories /micro enemas
If acceptable and tolerated by child.

Constipation / Soiling continues to impact upon Quality of Life

Consider Rectal Irrigation.
Peristeen

Constipation / Soiling has considerably less impact upon Quality of Life

Continue with rectal irrigation.
Consider weaning and potentially stopping medication.
Consider weaning frequency of irrigation, if good progress, to potential trial without.
Continue irrigation and medication, if problems reoccur or failure to wean.

Progress Made

Continue medication for several weeks after regular bowel habit/toilet training established. Reduce medication gradually as tolerated.
Discharge.

Poor Progress

Joint working with Paediatrician.

Parallel Plans

Explanations and demystification for child and family.

Ensure disimpacted if required.

Medication regimes as required as per NICE Guidance.

Consider toileting regimes.

Diet and fluid advice.

See page 4

Correct management within school.

NICE Guidance: <https://www.nice.org.uk/guidance/cg99/>

Further advice available from: *ERIC - <https://www.eric.org.uk/>
<http://www.bladderandboweluk.co.uk/>

Children's Constipation Pathway Red Flags

Red Flags: History:	Urgent Referral: GP Action:
Reported from birth or first four weeks of life Failure to pass meconium / delay (more than 48 hours after birth) Abdominal distention without vomiting	Refer to Paediatric Surgeon
Previously unknown or undiagnosed weakness in legs, locomotor delay Blood +/- mucus per rectum Faltering growth	Refer to Secondary Paediatrician
Disclosure or evidence that raises concerns over possibility of child maltreatment	Refer to Paediatrician with safeguarding responsibility

Red Flags: Physical Examination:	Urgent Referral: GP Action:
Perianal fistula	Refer to Paediatric Gastroenterologist
Bruising, multiple fissures Tight or patulous anus	Safeguarding Procedures
Anteriorly placed anus Abnormal appearance / position / patency of anus Gross abdominal distention	Refer to Paediatric Surgeon
Absent anal wink Abnormal spinal / Lumbar Sacral region: Assymetry or flattening of gluteal muscles Evidence of sacral agenesis, scoliosis Discoloured skin, naevi hairy patch Sinus, central pit Neuromuscular examination: Deformity of limbs Abnormal neuromuscular signs unexplained by any existing condition e.g. Cerebral Palsy Abnormal reflexes	Refer to Secondary Paediatrician

Constipation in children and young people

See NICE Guidelines. Non-BNFC recommended doses, discuss and document unlicensed treatments as appropriate.

<https://www.nice.org.uk/guidance/cg99/chapter/1-Guidance#clinical-management>

Simple Constipation	Impacted
<p>Start Maintenance Therapy</p> <ol style="list-style-type: none"> Start with polyethylene glycol 3350 + electrolytes (available as Movicol Paediatric Plain) <ul style="list-style-type: none"> <1 year: 1/2-1 sachet daily 1-6 years: 1 sachet daily 6-12 years: 2 sachets daily Re-assess frequently Adjust dose to produce regular soft stool. Max 4 sachets / day Add a stimulant laxative e.g. Senna, if there is no effect after 2 weeks <p>If Movicol Paediatric Plain is not tolerated, substitute with a stimulant laxative + / - Lactulose</p>	<p>Start Disimpaction Therapy</p> <ol style="list-style-type: none"> Start with polyethylene glycol 3350 + electrolytes (available as Movicol Paediatric Plain) <ul style="list-style-type: none"> <1 year: 1/2-1 sachet daily 1-5 years: 2 sachets day 1, increase by 2 sachets / day to max 8 5-12 years: 4 sachets day 1, increase by 2 sachets / day to max 12 Review within 1 week Add a stimulant laxative e.g. Senna, if no effect after 2 weeks <p>If Movicol Paediatric Plain is not tolerated, substitute with a stimulant laxative + / - Lactulose</p> <p>Warn parents that disimpaction may initially increase the symptoms of soiling</p>

Other Laxatives

See NICE Guidelines. Non-BNFC recommended doses, discuss and document unlicensed treatments as appropriate.
<https://www.nice.org.uk/guidance/cg99/chapter/1-Guidance#clinical-management>

Laxatives	Recommended doses
<p>Osmotic laxatives</p> <p><i>Lactulose</i></p>	<ul style="list-style-type: none"> Child 1 month to 1 year: 2.5ml twice daily adjusted according to response Child 1-5 years: 2.5-10ml twice daily, adjusted according to response (non-BNFC recommended dose) Child / young person 5-18 years: 5-20ml twice daily, adjusted according to response (non-BNFC recommended dose)
<p>Stimulant laxatives</p> <p><i>Sodium picosulfate</i></p>	<p>Non-BNFC recommended doses</p> <p>Elixir (5mg/5ml)</p> <ul style="list-style-type: none"> Child 1 month to 4 years: 2.5-10mg once a day Child / young person 4-18 years: 2.5-20mg once a day <p>Non-BNFC recommended dose</p> <p>Perles (1 tablet = 2.5mg)</p> <ul style="list-style-type: none"> Child / young person 4-18 years: 2.5-20mg once a day
<p><i>Bisacodyl</i></p>	<p>Non-BNFC recommended doses</p> <p>By mouth</p> <ul style="list-style-type: none"> Child / young person 4-18 years: 5-20mg once daily <p>By rectum (suppository)</p> <ul style="list-style-type: none"> Child / young person 2-18 years: 5-10mg once daily
<p><i>Senna</i></p>	<p>Senna syrup (7.5mg/5ml)</p> <ul style="list-style-type: none"> Child 1 month to 4 years: 2.5-10ml once daily Child / young person 4-18 years: 2.5-20ml once daily <p>Senna (non-proprietary) (1 tablet = 7.5mg)</p> <ul style="list-style-type: none"> Child 2-4 years: 1/2-2 tablets once daily Child 4-6 years: 1/2-4 tablets once daily Child / young person 6-18 years: 1-4 tablets once daily
<p><i>Docosate sodium</i></p>	<ul style="list-style-type: none"> Child 6 months-2 years: 12.5mg three times daily (use paediatric oral solution) Child 2-12 years: 12.5-25mg three times daily (use paediatric oral solution) Child / young person 12-18 years: up to 500mg daily in divided doses

(Institute of Medicine, 2005). Dietary reference intakes for water, potassium, sodium chloride and sulfate. Washington DC: The National Academies Press

	Total water intake per day, including water contained in food	Water obtained from drinks per day
Infants 0–6 months	700 ml assumed to be from breast milk	
7–12 months	800 ml from milk and complementary foods and beverages	600 ml
1–3 years	1300 ml	900 ml
4–8 years	1700 ml	1200 ml
Boys 9–13 years	2400 ml	1800 ml
Girls 9–13 years	2100 ml	1600 ml
Boys 14–18 years	3300 ml	2600 ml
Girls 14–18 years	2300 ml	1800 ml
<p>The above recommendations are for adequate intakes and should not be interpreted as a specific requirement. Higher intakes of total water will be required for those who are physically active or who are exposed to hot environments. It should be noted that obese children may also require higher total intakes of water.</p>		

Tower Hamlets Children and Young People Guideline Constipation Management

Document Control Information

This document was created collaboratively between Tower Hamlets CCG and Barts Health NHS Trust. The document has been approved locally for use within the London Borough of Tower Hamlets.

Lead Author	Dr Rawat	Author Position	Paediatric Consultant, Barts Health NHS Trust
Additional Contributor (s)	Matthew Richardson, Administrative Support Julia Moody, GP and THCCG Clinical Lead		

Approved By	Julia Moody, December 2017		
Approved By	Mamta Vaidya, December 2017		
Approved By	Lynn Torpey, December 2017		
Approved By	NELCSU Prescribing Delivery Board, December 2017		

Document Owner	Tower Hamlets CCG Barts Health NHS Trust		
-----------------------	---	--	--

Document Version	1.0	Replaces Version	-
-------------------------	-----	-------------------------	---

First Introduced	January 2018	Review Schedule	Annual
Date approved	December 2017	Next Review	January 2019

Document Overview

This document acts as a guideline and advises on the pathway and procedures which need to be followed when diagnosing and referring patients for treatment. This guideline should be used in conjunction with the users' clinical judgement.

Safeguarding

Concerns about Safeguarding should be managed as per LSCB/London Child Protection Procedures and
Click [Here](#)

NICE Guidance to be used where appropriate. - <https://www.nice.org.uk/guidance/cg89>

Investigations

Investigation names and acronyms marked with * are noted as per the TQuest system input.