**Tower Hamlets Children and Young People Guideline
*Constipation Management*
*For advice and guidance, contact the Paediatric Hotline.
Telephone number: 07919598173***

**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)

**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

**Primary Care Practitioners**

**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

**NICE Guidance:** [**https://www.nice.org.uk/guidance/cg99/**](https://www.nice.org.uk/guidance/cg99/chapter/1-Guidance#clinical-management)

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

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

**Safeguarding**

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

[Safeguarding Procedures](http://gp.towerhamletsccg.nhs.uk/clinical-services/SAFEGUARDING_CHILDREN_HOME_PAGE.htm)

**Specialist Service**

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

Implement schedule as per NICE.

**Progress Made**

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

**Specialist Services Only
Community Paediatric Continence Service -** BHNT.PaedsContinenceAdmin@nhs.net

**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

**Poor Progress**

Joint working with Paediatrician.

**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.

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**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/**](https://www.nice.org.uk/guidance/cg99/chapter/1-Guidance#clinical-management)

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Children’s Constipation Pathway Red Flags



|  |  |
| --- | --- |
| Red Flags: History: | Urgent Referral: GP Action: |
| Reported from birth or first four weeks of lifeFailure 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 delayBlood +/- 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](http://gp.towerhamletsccg.nhs.uk/clinical-services/SAFEGUARDING_CHILDREN_HOME_PAGE.htm) |
| Anteriorly placed anusAbnormal appearance / position / pantency of anus Gross abdominal distention | Refer to Paediatric Surgeon |
| Absent anal winkAbnormal spinal / Lumbar Sacral region:Assymmetry or flattening of gluteal muscles Evidence of sacral agenesis, scoliosis Discoloured skin, naevi hairy patchSinus, central pitNeuromuscular examination:Deformity of limbsAbnormal neuromuscular signs unexplained by any existing condition e.g. Cerebral PalsyAbnormal 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 |
| Start Maintenance Therapy1. Start with polyethylene glycol 3350 + electrolytes (available as Movicol Paediatric Plain)
	* <1 year: 1/2-1 sachet daily
	* 1-6 years: 1 sachet daily
	* 6-12 years: 2 sachets daily
2. Re-assess frequently
3. Adjust dose to produce regular soft stool. Max 4 sachets / day
4. Add a stimulant laxative e.g. Senna, if there is no effect after 2 weeks

If Movicol Paediatric Plain is not tolerated, substitute with a stimulant laxative + / - Lactulose | Start Disimpaction Therapy1. Start with polyethylene glycol 3350 + electrolytes (available as Movicol Paediatric Plain)
	* <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
2. Review within 1 week
3. Add a stimulant laxative e.g. Senna, if no effect after 2 weeks

If Movicol Paediatric Plain is not tolerated, substitute with a stimulant laxative + / - LactuloseWarn parents that disimpaction may initially increase the symptoms of soiling |

### 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 |
| Osmotic laxatives*Lactulose* | * 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)
 |
| Stimulant laxatives*Sodium picosulfate* | Non-BNFC recommended dosesElixir (5mg/5ml)* Child 1 month to 4 years: 2.5-10mg once a day
* Child / young person 4-18 years: 2.5-20mg once a day
 |
| Non-BNFC recommended dosePerles (1 tablet = 2.5mg)* Child / young person 4-18 years: 2.5-20mg once a day
 |
| *Bisacodyl* | Non-BNFC recommended dosesBy mouth* Child / young person 4-18 years: 5-20mg once daily

By rectum (suppository)* Child / young person 2-18 years: 5-10mg once daily
 |
| *Senna* | Senna syrup (7.5mg/5ml)* Child 1 month to 4 years: 2.5-10ml once daily
* Child / young person 4-18 years: 2.5-20ml once daily
 |
| Senna (non-proprietary) (1 tablet = 7.5mg)* 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
 |
| *Docusate sodium* | * 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 mlassumed to be from breast milk |  |
| 7–12 months | 800 mlfrom 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 |
| 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. |

**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.

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| --- | --- | --- | --- |
| **Lead Author** | Dr Rawat | **Author Position** | Paediatric Consultant, Barts Health NHS Trust |
| **Additional Contributor (s)** | Matthew Richardson, Administrative SupportJulia 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 |
|  |  |  |  |
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**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](http://gp.towerhamletsccg.nhs.uk/clinical-services/SAFEGUARDING_CHILDREN_HOME_PAGE.htm)
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.