

- Abdominal Xray is **not routinely recommended** for diagnosis of constipation (can be used to eval for impaction if unreliable exam or unable to perform exam)
- Moderate stool burden on abdominal Xray **does not equal** constipation
- If Xray obtained for evaluation of abdominal pain please interpret stool burden with caution

Pt >6 months of age presents with Abd Pain

Consider additional work-up if red flags\* present

History and Physical Exam with Evidence of Constipation as Source of Pain

**History:**  
Stool frequency, consistency, caliber, comfort, provides relief of belly pain?  
Family history of constipation, IBS, celiac, thyroid disease

**Physical Exam:**  
Abdominal exam and perianal inspection mandatory, digital rectal exam at provider discretion  
Neurological exam: lower extremity reflexes and gait.

Discharge to home with maintenance bowel regimen and PCP follow-up in 1 week

Evidence of Impaction\*\*

**\*Red Flags:**

**Infants and Children**  
Fever, bilious emesis, bloody diarrhea  
Poor feeding or poor weight gain  
Anal stenosis, displaced anal opening  
Abnormal sacral dimple/tuft  
Tight empty rectum

**Children**  
Plateaued height or weight, weight loss  
Perianal abscess, fistula  
Toe walking, back pain, loss of bladder continence

Discharge to home with:

- Home clean out rx
- Maintenance bowel regimen rx
- PCP follow-up/return visit in 24 hours if no stool output, vomiting, or severe pain

Abdominal/Rectal pain too severe for discharge

Consider additional work-up

Constipation is still most likely diagnosis (i.e. no other evaluation needed)

**\*\*Impacted:** Firm palpable stool on abdominal or rectal exam or  $\leq 1$  stool per week

Glycerin Suppository (<2 y.o.) OR Enema ( $\geq 2$  y.o.) in ED\*\*\*

**\*\*\*Versed is NOT routinely recommended prior to enema. Can consider for behavioral/safety concerns**

Pain too severe to go home after stool output or no stool output

Constipation is still most likely diagnosis (i.e. no other evaluation needed)

Consider additional work-up

Consult GI or Admit to HM/GI for Clean Out

**Disimpaction (cleanout)**  
**.ORALDISIMPACTIONREGIMEN**

- Ensure easy access to familiar bathroom, usually on a weekend
- Parent should seek care/follow-up if there is severe pain, vomiting or NO stool comes out within 24 hrs
- 1 day oral disimpaction
  - Polyethylene glycol (PEG 3350) 4g/kg (max 14 capfuls (238gms))
  - Mix in 6 ounces clear liquid per capful (max 64 ounces)
- 3 day oral disimpaction
  - Polyethylene glycol (PEG 3350) 1.5 g/kg/day divided BID or TID x 3 days
  - PLUS Senna 8-30mg daily x 3 days
- Consider concurrent rectal disimpaction if child has severe abdominal or rectal pain and needs faster relief
  - <2 y.o.: glycerin bulb enema or suppository, once daily for 1-3 days
  - >2 y.o.: pediatric fleet's enema, once daily for 1-3 days

<b>1-day oral disimpaction (cleanout)</b>		
<ul style="list-style-type: none"> <li>▪ Polyethylene glycol (PEG 3350) 4g/kg (max 14 capfuls (238gms))</li> <li>▪ Mix in 6 ounces clear liquid per capful (max 64 ounces)</li> </ul>		
<b>3-day oral disimpaction (cleanout)</b>		
<b>Weight</b>	<b>PEG 3350 (e.g. Miralax)</b> 1 capful = 17g, roughly 4 tsp.	<b>Senna 8.8 mg/5ml syrup</b> 15 mg/chocolate square (e.g. Ex-Lax chocolate)
<b>&lt;10 kg (6 months and older)</b>	1.5g/kg/day ÷ BID	NONE
<b>10-20 kg</b>	0.5-1 capful in 4-6oz BID	5 ml syrup daily
<b>21-30 kg</b>	1.5 capful in 8oz BID	1 square daily
<b>31-40 kg</b>	2 capfuls in 8oz BID	1 square daily
<b>&gt;40 kg</b>	2 capfuls in 8oz TID	2 squares daily

**Maintenance Medication**  
**.MAINTENANCEBOWELREGIMEN**

Infants <6 mos      Breastfed      If unformed stool, no treatment. If hard or ribbon-like stool, consider referral  
 Formula Fed      Prune juice 2-4 oz once a day

Infants >6 mos      Prune juice      Prune juice 2-4 oz mixed in bottle or straight from cup, once a day  
 If no improvement, try PEG 3350 (see chart below)

Infants >6mos AND children see chart below:

<b>Weight</b>	<b>PEG 3350 Daily Dose</b> 1 level teaspoon = ¼ capful	<b>Titrate up/down as needed to achieve goal by</b>
<b>&lt; 10 kg</b>	1/2 to 1 teaspoon	1/4 to 1/2 teaspoons
<b>10-20 kg</b>	1 to 2 teaspoons	1 teaspoon
<b>21-30 kg</b>	2 to 3 teaspoons	1 teaspoon
<b>31-40 kg</b>	1 capful	½ capful
<b>40+ kg</b>	1 to 2 capfuls	1 capful

**“Rescue” Stimulant as needed:** If child does not pass stool in 2 days give stimulant per chart below

<b>Weight</b>	<b>Senna syrup</b> 8.8 mg/5 ml	<b>OR</b>	<b>Senna chewable</b> 15 mg/square (e.g. Ex-Lax)	<b>OR</b>	<b>Bisacodyl</b> 5 mg tablet
<b>&lt; 10 kg</b>	n/a		n/a		n/a
<b>10-20 kg</b>	2.5-5 ml		n/a		n/a
<b>21-30 kg</b>	5-10 ml		1/2 to 1 square		1/2 tablet
<b>31-40 kg</b>	7.5-15 ml		1-1.5 squares		1 tablet
<b>40+ kg</b>	10-20 ml		1-2 squares		1 to 2 tablets