

Management - Primary Care and Community Settings

95% of constipation is idiopathic. History to look for Parent/carer worried about constipation: *Organic causes of persistent constipation include BO less than 3x a week/large, hard and difficult to red/amber flag features and identify trigger factors. Hirschprung's disease (consider if delayed pass / "rabbit droppings" or pellets / Overflow soiling Physical examination to assess degree of loading & meconium, constipation in first month, or FHx), exclude organic causes# coeliac disease, hypothyroidism, tethered cord. Rarely caused by Cow's milk protein allergy. 1° care investigations for intractable constipation include a coeliac screen and thyroid function although it is reasonable to refer to 2° care if constipation persists despite treatment. Red flag symptoms? Symptoms from birth (e.g. delayed meconium (>48 Amber flag symptoms? hours after birth in term baby) – ?Hirschprung's Growth and Wellbeing: Faltering growth? New/undiagnosed weakness in legs, locomotor No red or amber symptoms? Other medical conditions: e.g. cerebral palsy delay - may suggest tethered cord Personal/familial/social factors: Can families put in Abdominal distension with vomiting (especially place treatment plan? green) - possible bowel obstruction / faecal impaction Impaction: Large palpable faecal mass Personal/family factors: Disclosure/evidence raises Parental resources: Consider outpatient referral to paediatrics concerns: re: child maltreatment Potty (or toilet) training Children's Bowel Problems ERIC's quide to children's bowel problems 2) Treatment: Primary care-led: Movicol/Laxido: **Disimpaction(v):**2(<5y), 4(5-11y), 8(12-17y) sachets/ 1) Address trigger factors: day increasing by 2 sachets/day (max 8/day (<11y) or **URGENT REFERRAL TO PAEDS** Fluid intake/Diet/Activity for children aged <5 years 12/day (12-17y) until stools watery and clear/brown: Discuss with consultant on call, consider Positive praise with rewards halve dose + continue (drop 1 sachet/wk if needed). rapid referral School toilets Maintenance(v): 1- 4 (<11y) or 2-6 (12-17y) sachets/ Children with Additional Needs day. Review at 4 weeks. (Please check BNFc) Provide family with safety netting sheet Provide family with safety netting sheet No improvement: review progress with triggers and **Improvement:** Provide support as appropriate and adjust Movicol+/- add stimulant (senna/ picosulphate). continue medications if toilet-training, then tail down **Continence Nurse:** Advice/education and continence medications: likely to need 3-4months treatment. If no improvement refer to paeds outpatient clinic/ pads/products N.B. Laxatives don't cause lazy bowel. continence nurse.

References: Pathway reproduced from Children's General Continence Flowchart, ERIC the children's bladder and bowel charity. Dosing of laxatives as per BNFc (2019). Investigations based on NICE guidance (CG99).

findings (See "Good Medical Practice" http://bit.ly/1DPXl2b)