Constipation Pathway

Clinical Assessment/Management tool for Children

Healthier Together

NHS

Primary and Community Care Settings

Priorities of clinical assessment

History

This is the mainstay of diagnosis. Consider with any of the following:

- Bowels open <3 x per week
- Hard or large stools
- Blood in stool
- Recurrent UTIs
- Straining
- Rabbit dropping/pellet stools
- Overflow or reported diarrhoea

Soiling is a very common presentation of constipation and should be treated as constipation

ERIC Bristol Stool Chart

Examination

- Palpate for faecal mass (not always accurate) this should be re-examined after treatment to ensure resolution
- Examine anus for position and check patent in infants
- Examine spine/lower limb neurology/gait
- Check for peri-anal infection (including strep)

Organic causes

- 95% is idiopathic and no investigations are required
- Consider organic causes where failure to respond to standard treatment
- Hypothyroidism
- Coeliac Disease
- Cows milk protein intolerance
- Hirschsprung (consider if delayed meconium, constipation in first month, or FHx)
- Tethered spinal cord (very rare)
- Abdominal tumour

Assessment Table

GREEN – LOW RISK	AMBER – MEDIUM RISK	RED – HIGH RISK
• No red or amber symptoms	• **Growth and Wellbeing:** Faltering growth? • **Other medical conditions:** e.g. cerebral palsy • **Personal/familial/social factors:** Can families put in place treatment plan? • No improvement with **effective** treatment after 3 months*	• **Symptoms from birth e.g. delayed meconium -** consider Hirschsprung Disease / cystic fibrosis • **New/undiagnosed weakness in legs -** may indicate tethered spinal cord • **Abdominal distension with vomiting -** possible bowel obstruction • **Safeguarding -** concerns about child maltreatment or neglect, e.g. passing or deliberately smearing stool in inappropriate places, peri-anal injury

Action Table

GREEN ACTION

Give advice on:

- Fluid intake/Diet/Activity for children
- Positive praise with rewards
- School toilets
- Children with Additional Needs

Parental Resources:

- Toilet training
- ERIC's guide to children's bowel problems
- Provide family with written advice – see our page on constipation

If palpable faecal mass, long history, or soiling, Commence Macrogol Disimpaction Regimen

Treatment: Primary care-led:
Disimpaction: Macrogol (Movicol/Laxido)
Start at dose in table depending on age and increase by 2 sachets per day to maximum dose
Once stools watery and clear brown, halve dose and continue (drop 1 sachet per day).
Continue on maintenance ensuring bowels open daily for at least 3-6 months

Age	Disimpaction Start	Maintenance	Max Dose
<5 years **(paediatric macrogol)**	2	1-4	8
5-12 years **(paediatric macrogol)**	4	1-4	12
12+ years **(adult macrogol)**	4	1-3	8

Video for families on macrogol use.
Please check BNFc / CKS
If stools soft but remain infrequent add stimulant laxative

AMBER ACTION

- Follow all green actions
- If confident parents have already had effective treatment or if any other amber risk factors present discuss with paeds on-call for advice
- If doubtful of treatment compliance restart disimpaction and request GP to review in 7-10 days

RED ACTION

Refer to paediatrics

- Discuss with local on call team about same day referral
- If safeguarding concerns, also discuss with EDT

This guidance has been reviewed and adapted by healthcare professionals across West Yorkshire with consent from the Hampshire development groups and edited by the CHT PEM Team for ED use Oct 2025. Next review date Oct 2028