

CONSTIPATION < 6 MOS OF AGE REFERRAL GUIDELINE

MAINE MEDICAL PARTNERS - PEDIATRIC SPECIALTY CARE (DIV. OF GASTROENTEROLOGY) • 887 CONGRESS ST, SUITE 320, PORTLAND, ME • (207) 662-5522

HIGH RISK

SUGGESTED EMERGENT CONSULTATION

SYMPTOMS AND LABS

- Bilious or feculent vomiting
- Abdominal distention
- Onset < 1 mos of age
- Delayed passage of meconium (> 48 hrs)
- Bilious or feculent vomiting
- Abdominal distention
- Onset < 1 mos of age

SUGGESTED PREVISIT WORKUP

Please contact PEDI GI and speak to on call physician for urgent appointment

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS

- Irritability, poor feeding, blood streaking in stool
- FTT
- Failure of empiric therapy
- Normal neonatal or infant exam

SUGGESTED WORKUP

- Consider stool for occult blood +
 - Consider trial of milk/soy free diet
 - Make sure child is getting adequate hydration/formula volume
- Should consider a referral to PEDI GI**

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

- Breast-feeding child with infrequent stools (up to 10-14 days) and no other GI localizing symptoms
- Infant dyschezia (painful stooling) but no other symptoms with soft stools
- Normal neonatal or infant exam

SUGGESTED MANAGEMENT

- Prune/pear/apple juice
- Consider maternal milk/soy free diet or hypo-allergenic formula
- Consider Lactulose 1/2 tsp PO TID PRN

CLINICAL PEARLS

- Drawing up the legs, arching, and turning red are common symptoms in infants < 3-4 months old when stooling softly represents developmentally normal stage of symptoms called infant dyschezia where the child is learning how to stool.
- Soft infrequent stools without any other symptoms rarely suggests pathology.
- Milk/soy protein intolerance can present only with constipation

Maine Medical
PARTNERS

These clinical practice guidelines describe generally recommended evidence-based interventions for the evaluation, diagnosis and treatment of specific diseases or conditions. The guidelines are: (i) not considered to be entirely inclusive or exclusive of all methods of reasonable care that can obtain or produce the same results, and are not a statement of the standard of medical care; (ii) based on information available at the time and may not reflect the most current evidenced-based literature available at subsequent times; and (iii) not intended to substitute for the independent professional judgment of the responsible clinician(s). No set of guidelines can address the individual variation among patients or their unique needs, nor the combination of resources available to a particular community, provider or healthcare professional. Deviations from clinical practice guidelines thus may be appropriate based upon the specific patient circumstances.