

# CONSTIPATION < 6 MOS OF AGE REFERRAL GUIDELINE

MAINE MEDICAL PARTNERS - PEDIATRIC SPECIALTY CARE (DIV. OF GASTROENTEROLOGY) • 887 CONGRESS ST, SUITE 300, PORTLAND, ME • (207) 662-5522

## HIGH RISK

### SUGGESTED EMERGENT CONSULTATION

#### SYMPTOMS AND LABS

Bilious or feculent vomiting  
Onset < 1 mo of age  
Delayed passage of meconium  
Concerning physical exam

#### SUGGESTED PREVISIT WORKUP

Contact pediatric GI to speak to on call for urgent appointment  
Bilious or feculent vomiting is an indication for ED evaluation and management.

## MODERATE RISK

### SUGGESTED CONSULTATION OR CO-MANAGEMENT

#### SYMPTOMS AND LABS

Poor feeding  
Persistent blood in stool +/- dyschezia or irritability

#### SUGGESTED WORKUP

Strongly suggest 2-4 week trial of hydrolyzed formula or elimination of milk and soy from breastfeeding mother's diet, consideration of amino acid based formula if former is unsuccessful

**Consider referral, eConsult, or discussion in ECHO**

## LOW RISK

### SUGGESTED ROUTINE CARE

#### SYMPTOMS AND LABS

Infant struggling/straining with firm stools

#### SUGGESTED MANAGEMENT

Prune/pear/apple juice (1 ounce daily)  
Consider lactulose 1/2 tsp PO TID PRN  
2-4 week trial of hydrolyzed formula or elimination of milk and soy from breastfeeding mother's diet, consideration of amino acid based formula if former is unsuccessful

## CLINICAL PEARLS

- Drawing up the legs, arching, and turning red are common symptoms in infants <3-4 months old and represents a developmentally normal stage as the infant is learning how to stool called infant dyschezia
- Soft infrequent stools without any other symptoms is normal
- Non-IgE mediated food protein intolerance can present with constipation only

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.