

CONSTIPATION 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

Fever/vomiting

Absence of flatus

Surgical abdomen/distention

Fecal mass or other abdominal mass

Significant peri-rectal disease

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

Laxative use > 6 mos

Blood in stool without anal fissures, enuresis, saddle anesthesia

FMHx Hirschsprungs, CF, celiac, IBD, food allergies

Saddle anesthesia, no anal

Wink/cremasteric, anteriorly displaced anus, rectal prolapse

SUGGESTED WORKUP

Consider stool for occult blood +, lead test, TSH with free T4, CMP, ESR, and celiac screen

Initiate treatment with stool softeners and telephone Ped GI for routine appointment

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

Encopresis without empiric trial of cleanout/Miralax

Infrequent painful stools

Stool withholding

SUGGESTED MANAGEMENT

Consider organic workup if failed 3 month trial of stool softeners (see left)

Cleanout and daily polyethylene glycol titrated to achieve soft (even mushy) stool

Strict toileting rituals and rewards

Limit dairy, encourage fruits/veggies

Encourage fluid and fiber

Evacuation exercises (Valsalva) to counteract intentional/unintentional withholding (*see addendum)

CLINICAL PEARLS

- Soiling almost always represents functional constipation with overflow.
- Institution of polyethylene glycol without an initial cleanout when significant constipation is present generally worsens soiling and/or overflow diarrhea.
- Good toileting posture and evacuation exercises (encouraging Valsalva) with a toileting schedule can be extremely helpful (*see attached).
- Anxiety, autism, and/or ADHD are often accompanied by constipation.
- Stool withholding is a developmentally magical behavior and can continue until kids are able to achieve logical thought and partner in their own care plan – prolonged parental oversight and involvement, particularly as medications are discontinued are necessary. Prolonged stool softeners are often necessary.
- If possible, we avoid rectal therapies because they tend to entrench stool withholding behaviors.

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.