CONSTIPATION 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

Tense abdominal distention

Fever/vomiting

Absence of flatus

Abdominal mass

Significant peri-rectal disease

SUGGESTED PREVISIT WORKUP

The above symptoms are not consistent with functional constipation.

Urgent evaluation in ED and/or urgent consultation with PED GI doc on call recommended.

MODERATE RISK

SUGGESTED CONSULTATION OR CO-MANAGEMENT

SYMPTOMS AND LABS

Adequately dosed clean out (see green) not effective

Adherence to non-pharmacologic and pharmacologic management without improvement

Blood in stool without anal fissures

FMHx Hirschsprung's, CF, celiac, IBD, food allergies

Saddle anesthesia, no anal wink/ cremasteric reflex

Rectal prolapse

SUGGESTED WORKUP

Consider evaluation stool for occult blood, TSH with free T4, CMP, ESR, and celiac screen (IgA, Ttg-IgA), lead testing

Consider repeat clean out with same or alternate adequate regimen (see green)

Consider addition of daily stimulant laxative

Consider referral, eConsult, or discussion in ECHO

LOW RISK

SUGGESTED ROUTINE CARE

SYMPTOMS AND LABS

Infrequent and/or firm, painful stools

Fecal incontinence

Stool withholding behavior

Normal growth

Normal peri-anal and rectal exam

SUGGESTED MANAGEMENT

Non-Pharmacologic

Emphasize listening to signal to defecate

Positive reinforcement of spontaneous toilet use and of scheduled toilet use after meals

Valsalva exercises (balloon, pinwheel) while toileting

Adequate fluid and fiber (age+5 grams/day)

Pharmacologic

Clean Out (5 gm/kg polyethylene glycol mixed with clear liquid or Mg Citrate 30 ml/years in age up to 300 ml maximum

Daily dose of polyethylene glycol titrated to achieve at least daily soft Bristol type 4-5 stool

Recommend PCP follow-up 2-4 weeks from initial visit for constipation, with ongoing follow-up at similar interval until improved

CLINICAL PEARLS

- Fecal incontinence almost always represents stool retention with overflow. Diarrhea once on therapy may also indicate stool retention with overflow.
- When significant stool retention is present, institution of polyethylene glycol without an initial cleanout generally worsens incontinence.
- Good toileting posture and evacuation exercises (encouraging Valsalva) with a toileting schedule can be extremely helpful.
- Anxiety, autism, and/or ADHD are often accompanied by and complicate treatment of constipation.
- Stool withholding is pre-rational behavior and can continue until children are developmentally able to partner in their own care plan.
- Prolonged stool softeners are often necessary, especially when children continue to exhibit stool withholding behaviors or other toileting avoidance.
- If possible, we avoid rectal therapies because they tend to entrench stool withholding behaviors.

Maine Medical PARTNERS

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