THIS PATHWAY SERVES AS A GUIDE AND DOES NOT REPLACE CLINICAL

Rome IV Criteria for Constipation:

< 4 years old: At least 2 of the g for at least 1 month

- ≤2 defecations/week Hx of excessive stool
- Hx of painful or hard bowel
- Hx of large-diameter stools Presence of a large fecal
- mass in rectum At least 1 episode/week of incontinence (if toilet trained) Hx of large-diameter stools
- that may obstruct the toilet (if toilet trained)

≥4 years old: at least 2 of the following for at least 1x/week for at least a month

- ≤2 defecations in toilet per
- At least 1 episode of fecal
- incontinence per week
 Hx of retentive posturing or
 excessive volitional stool retention
- Hx of painful or hard bowel movements Presence of a large fecal
- mass in the rectum

care and admission

determination³

Hx of large-diameter stools that may obstruct toilet Symptoms cannot be fully explained by another medic condition

Inclusion Criteria: ≥9 months old with suspicion for constipation

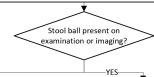
Exclusion Criteria: (1) oncology patients; (2) patients on chronic immunosuppressants (e.g., transplant recipients); (3) concern for bowe obstruction (e.g., vomiting, profound abdominal pain, abdominal distention); (4) primary diagnosis of eating disorder; (5) patients with history of cystic fibrosis, short bowel syndrome, spina bifida, hirschsprung's, anorectal malformation, congenital heart disease, nflammatory bowel disease (6) Red flags indicative of another etiology (e.g., recurrent fevers, unintentional weight loss, delayed growth/, failure to thrive, recurrent mouth ulcers or canker sores, difficulty urinating/incontinence)



Emergency Department Management

Goal: relieve rectal stool ball (e.g., large amount of stool voided as expected for patient's size), avoid admission if possible Initial Evaluation:

- Assess if patient has a hard stool burden/stool ball in the rectum via abdominal exam and rectal exam
- Findings supportive of constipation diagnosis: stool ball palpable in lower abdomen or on digital rectal exam, perianal fissures
- If stool ball is not palpated: obtain 1-view abdominal XR or limited pelvic ultrasound to assess for rectal stool ball
 - Note: amount of stool in colon alone does not diagnose constipation. Rectal diameter ≥3cm on U/S is abnormal.



NO.

Rectal therapy followed by oral therapy

IN midazolam 0.4-0.5 mg/kg once (max 10 mg) for procedural anxiolysis can be offered at provider's discretion

<2 yrs old:

Administer ½ pediatric-sized glycerin suppository x1

2-4 years old:

- Administer mineral oil enema: 60 mL (1/2 bottle) x 1 AND
- Immediately follow with administration of $\frac{1}{2}$ pediatric-sized fleet enema (29 mL) x 1
- If not effective after 1 hr:
 - administer pediatric-sized glycerin suppository x1

5-11 years old:

- Administer mineral oil enema: 60 mL (1/2 bottle) x 1 AND
- Immediately follow with administration of pediatric-sized fleet enema (59 mL) x 1 $\,$
- If not effective after 1 hour:
 - If 5 years old: administer pediatric-sized glycerin suppository x 1
 - If >5 years old: administer adult-sized glycerin suppository x 1

≥12 years old:

- Administer mineral oil enema: 120 mL (1 bottle) x 1 AND
- Immediately follow with administration of adult-sized fleet enema (118 mL) x 1 0
- If not effective after 1 hour:
 - give adult-sized glycerin suppository x 1
- Consider manual disimpaction if: enemas not effective, provider feels it is of clinical use, family and patient willing to attempt

Discharge home

Meets

admission

criteria²?

NO

- If no stool burden detected; start maintenance bowel regimen (Appendix A)
- If stool burden detected and still present after rectal therapy, or if patient declines rectal therap (and does not meet admission criteria²):
 - Start acute home management for clean out; then maintenance bowel regimen to start day after outpatient clean out finished (Appendix A)

Outpatient Follow-up:

- If patient not established with GI or Pediatric Surgery: patient to follow up with pediatrician within 1 week
- If seen by GI or to Pediatric Surgery hx of surgical, condition that correlates to bowel movements within last year: place STAT ambulatory referra to that service

Patient with relief YES after ED therapy? Meets admission criteria²?

²Admission Criteria (any one of the following)

- Symptoms unable to be managed at home (e.g., failed PO challenge, persistent abdominal pain; distention)
- Enemas did not produce adequate stool
- Inability to complete outpatient cleanout

YES ³ED:

If able and no GT present: place NGT (with or without midazolam) and confirm placement (if not able to complete in ED, NGT can be placed on inpatient floors). Can consider deferring NGT placement if patient is a candidate for oral cleanout (discuss with admitting service)

Admission Service:

- Gastroenterology: if patient seen by GI within last 24 months (inpatient, procedural, or outpatient)
- Pediatric Hospital Medicine: if patient unknown to GI
- Pediatric Surgery: if patient has hx of abdominal surgery that correlates to bowel movements

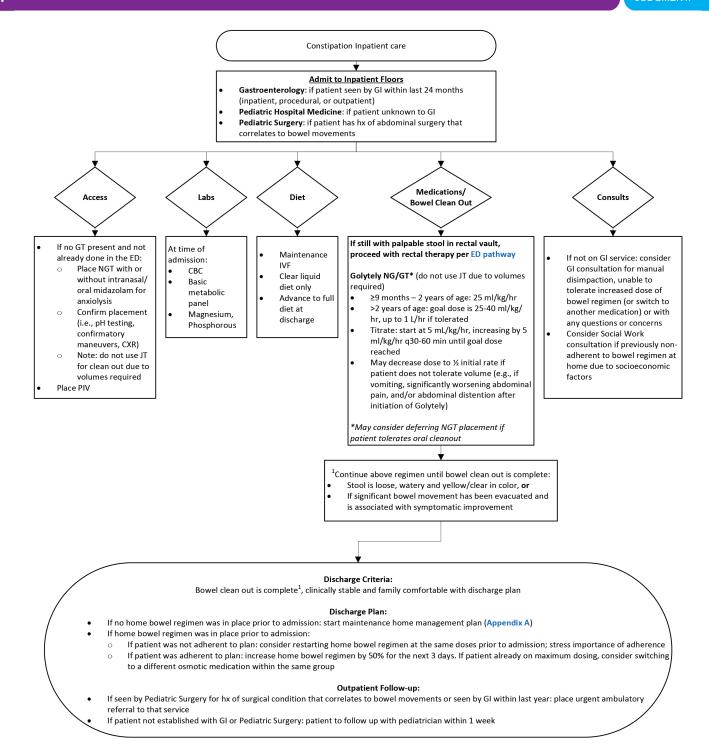
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Acute Home Management:

*Preferred medication is polyethylene glycol, alternative is magnesium citrate:

Medication	Weight/Age Based	Dose & Frequency	
	Dosage		
Polyethylene glycol	≥ 9 months	2 g/kg once daily (Max 238 g	
 17 g per 1 cap packet 		once per day)	
mixed in 6 – 8 ounces			
of fluid			
Magnesium Citrate	≥ 6 years	4-6 mL/kg per day (Max 300	
 1.745 g/30 mL 		mL once per day)	

- Cleanout is completed if stool is water in consistency AND yellow or clear in color OR after three days of daily cleanout
- After cleanout is completed, initiate maintenance therapy the following day

Maintenance Home Management:

*Preferred osmotic agent is polyethylene glycol, alterative is lactulose:

Medication	Weight/Age Based	Dose & Frequency	Expected Onset of BM
Polyethylene glycol	9 months to 18 years of	0.4 – 0.8 g/kg per	24 – 96 hours
 17 g per 1 cap packet 	age	day (Max 17 g per	
mixed in 6 – 8 ounces of fluid		day)	
	≥ 18 years of age	17 g per day	
Lactulose	9 months to 18 years of	1 mL/kg once or	24 – 48 hours
 10 g/15 mL solution 	age	twice per day (Max	
		60 mL daily total)	
	≥ 18 years of age	15 – 30 mL once or	
		twice daily (Max 60	
		mL total per day)	

· Continue maintenance therapy until follow up visit with provider for constipation





