Constipation

Children's Hospital LOS ANGELES CARE NETWORK

Constipation

Alarm symptoms?

Yes →

Consider:
CBC, CMP, Mg, Phos, Celiac Diagnostic panel, TSH/fT4

GI referral
(GI will triage for urgency if above labs available) OR appropriate subspeciality referral (Psychiatry, Neurology, Neurosurgery, etc.)

No ↓

Functional constipation*

Rectal Fecal impaction?

Yes →

Oral disimpaction

- >40 Kg: PO Miralax 17g, total of 14 capfuls
- <40 Kg: PO Miralax 17g, total of 7 capfuls
- Clear liquid diet only

May add (especially if fecal impaction on rectal exam) PRN

- Mineral oil enemas
- Pediatric Fleet enemas
- Suppositories

No →

Trial 1 4-6 weeks of either

Miralax
- <20 Kg: 0.8 g/kg
- >20 Kg: 1 capful (17g)

Lactulose
- 1-3 ml/kg/day (max 60 ml/day)

Schedule regular toilet time (i.e. 5 minutes each night after dinner or breakfast)
- Encourage squatting position (squatty potty, etc.)

If fails lactulose, switch to miralax

Treatment effective?

Yes →

No →

Treatment effective with compliance?

No →

GI referral
(GI will triage for urgency if above labs available)

Yes ↓

Continue treatment until stooling is normal (poop emoji appearance 4-6 weeks)

Wean by transitioning to daily 50:50 fruit: vege smoothies as many as needed to provide the same response as the medications

Difficulty weaning

Yes →

Please state the reason for difficulty in referral.
If non-compliance reason how can GI help?

Alarm Symptoms

- Constipation starting extremely early in life (< 1 mo)
- Meconium passage > 48 HOL
- Family history of Hirschsprung disease
- Very thin caliber stools
- Blood in the stools in the absence of anal fissures
- Failure to thrive
- Fever
- Bilious vomiting
- Severe abdominal distension
- Sacral dimple
- Gluteal cleft deviation
- Extreme fear during anal inspection

Refer to Colorectal/ peds surgery
- Perianal fistula
- Anal scars
- Abnormal position of anus
- Tuft of hair on spine

Rev. 7.14.25