Children's Constipation Hospital Consider: CARE NETWORK CBC, CMP, Mg, Phos, Celiac Diagnostic panel, TSH/fT4 Alarm Constipation symptoms? GI referral (GI will triage for urgency if above labs available) OR appropriate subspeciality referral (Psychiatry, Neurology, Neurosurgery, etc.) No Oral disimpaction Rectal >40 Kg: PO Miralax 17g, total of **Functional** Fecal -Yes-**→** 14 capfuls constipation* impaction? <40 Kg: PO Miralax 17g, total of 7 capfuls Clear liquid diet only Trial 1 4-6 weeks of either May add (especially if fecal impaction on rectal exam) PRN Miralax Mineral oil enemas <20 Kg: 0.8 g/kg Pediatric Fleet enemas >20 Kg: 1 capful (17g) Suppositories Lactulose 1-3 ml/kg/day (max 60 ml/day) Schedule regular toilet time (i.e. 5 **Alarm Symptoms** minutes each night after dinner or breakfast) Encourage squatting position (squatty potty, etc.) Constipation starting extremely early in Treatment life (< 1 mo) effective? If fails lactulose, switch to miralax 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 Treatment Severe abdominal distension GI referral effective with Sacral dimple (GI will triage for urgency if above labs available) compliance? Gluteal cleft deviation Extreme fear during anal inspection Yes Refer to Colorectal/ peds surgery Perianal fistula Anal scars Continue treatment until stooling is normal Please state the Abnormal position of anus (poop emoji appearance 4-6 weeks) reason for difficulty Tuft of hair on spine Difficulty in referral. Wean by transitioning to daily 50:50 fruit: If non-compliance weaning vege smoothies as many as needed to provide the reason how can GI same response as the medications help?