

Constipation Pathway Emergency Department

Diagnostic Criteria

At least 2 criteria present (symptoms present for at least 1 month):

- ≤ 2 defecations per week
- At least 1 episode of incontinence per week after the acquisition of toileting skills
- History of excessive stool retention
- History of painful or hard bowel movements
- History of large-diameter stools that may obstruct the toilet

MDCalc Child Functional Constipation
MDCalc Infant Functional Constipation

Consider other diagnosis and manage off pathway

Age ≥ 6 months, history and clinical exam consistent with constipation and/or fecal impaction

Do they have any Red Flags?

- Peritoneal signs
- Hematemesis
- Hematochezia
- Bilious emesis
- Hemodynamic instability

Inclusion Criteria:

≥ 6 months of age

Exclusion Criteria:

< 6 months of age
Neurogenic Bowel
Spinal Cord injury
Neuromuscular weakness
Hirschsprung disease
Inflammatory bowel disease
Cystic Fibrosis
Ostomy
Cecostomy/Jejunostomy tube
Intestinal failure/Short Gut
Abnormalities of the pelvic floor

Special Considerations

Use with caution

Anorexia
Failure to Thrive/Malnutrition

No

Is patient having significant discomfort?

Yes

Consider Disimpaction

(Digital exam/Xray not necessary for diagnosis)

Age 6 month to 2 years:

1 glycerin suppository or saline enema 10mL/kg/dose, max 300mL

Ages 2-12 years old OR <25kg

Pediatric enema

2-12 years old AND >25kg:

Use 2 pediatric enemas for total of 133mL

Age >12 years old OR >25kg:

Use adult enema dosing

Was disimpaction successful?

No

Consider repeating enema x1, x-rays, admission or further workup

Yes

Discharge with MiraLAX cleanout* instructions
Begin maintenance therapy after cleanout
Follow up with PCP/GI as indicated

No

Constipation Pathway

Emergency Department



Bowel Clean-Out Regimen

Start with one osmotic agent and one stimulant agent

Laxative agents	1-2 years	2-4 years	5-10 years	10+ years
Stimulant Agents				
Senna (Senakot/Ex-lax)	7.5 mg Twice a day	15 mg Twice a day	22.5 mg Twice a day	30 mg Twice a day
Bisacodyl (Dulcolax)	None	5 mg (Only tablet available) Once daily	5 mg Once daily	10 mg Once daily
Osmotic Agents				
	Once daily over 4-8 h	Once daily over 4-8 h	Once daily over 4-8 h	Once daily over 4-8 h
PEG 3350 (Miralax)	42.5g (2.5 capfuls) in 16 oz of fluid	68g (4 capfuls) in 20 oz of fluid	119g (7 capfuls) in 32 oz of fluid	238g (14 capfuls) in 64 oz of fluid
Magnesium citrate	None	2-4 oz (1oz per age) plus 8-16 oz additional fluids	5-10 oz (1oz per age); plus 16-24oz additional fluids	10 oz plus 24-32 oz additional fluid

M utyala, R, et al. Assessment and management of pediatric constipation for the primary care clinician. Curr Probl Pediatr Adolesc Health Care, May 2020
 Tabbers MM, et al. Evaluation and treatment of functional constipation in infants and children: evidence-based recommendations from ESPGHAN and NASPGHAN. J Pediatr Gastroenterol Nutr 2014;58(2):258-74.

Maintenance Regimens

Laxative options	Dose
Osmotic agents	
Lactulose	1-2 g/kg/day (1.5-3 ml/kg/day) div 1-2 times a day
PEG 3350	0.2 to 0.8 g/kg/day (4-8 oz fluid per 17 gm)
Milk of Magnesia	2-5 yrs: 0.4-1.2 g/day 6-11 yrs: 1.2-2.4 g/day 12-18 yrs: 2.4-4.8 g/day
Stimulant agents	
Senna	2-6 yrs: 2.5-5 mg/day 6-12 yrs: 7.5-10 mg/day >12 yrs: 15-20 mg/day
Bisacodyl	3-10 yrs: 5 mg/day >10 yrs: 5-10 mg/day

Tabbers MM, et al. Evaluation and treatment of functional constipation in infants and children: evidence-based recommendations from ESPGHAN and NASPGHAN. J Pediatr Gastroenterol Nutr 2014;58(2):258-74.

Enema Regimens

Enema options	Dose
Sodium Phosphate (e.g. Fleet) (First line)	2-18 yrs: 2.5 ml/kg, max 133 ml /dose
Bisacodyl	2-10 yrs: 5 mg once a day 10 yrs: 5-10 mg once a day
NaCl	Neonate <1 kg: 5 ml, >1 kg: 10 ml >1 yr 6 ml/kg 1-2 times a day
Mineral oil	2-11 yrs: 30-60 ml once a day >11 yrs: 60-150 ml once a day

Tabbers MM, et al. Evaluation and treatment of functional constipation in infants and children: evidence-based recommendations from ESPGHAN and NASPGHAN. J Pediatr Gastroenterol Nutr 2014;58(2):258-74.



Disclaimer: Pathways are intended as a guide for practitioners and do not indicate an exclusive course of treatment nor serve as a standard of medical care. These pathways should be adapted by medical providers, when indicated, based on their professional judgement and taking into account individual patient and family circumstances.