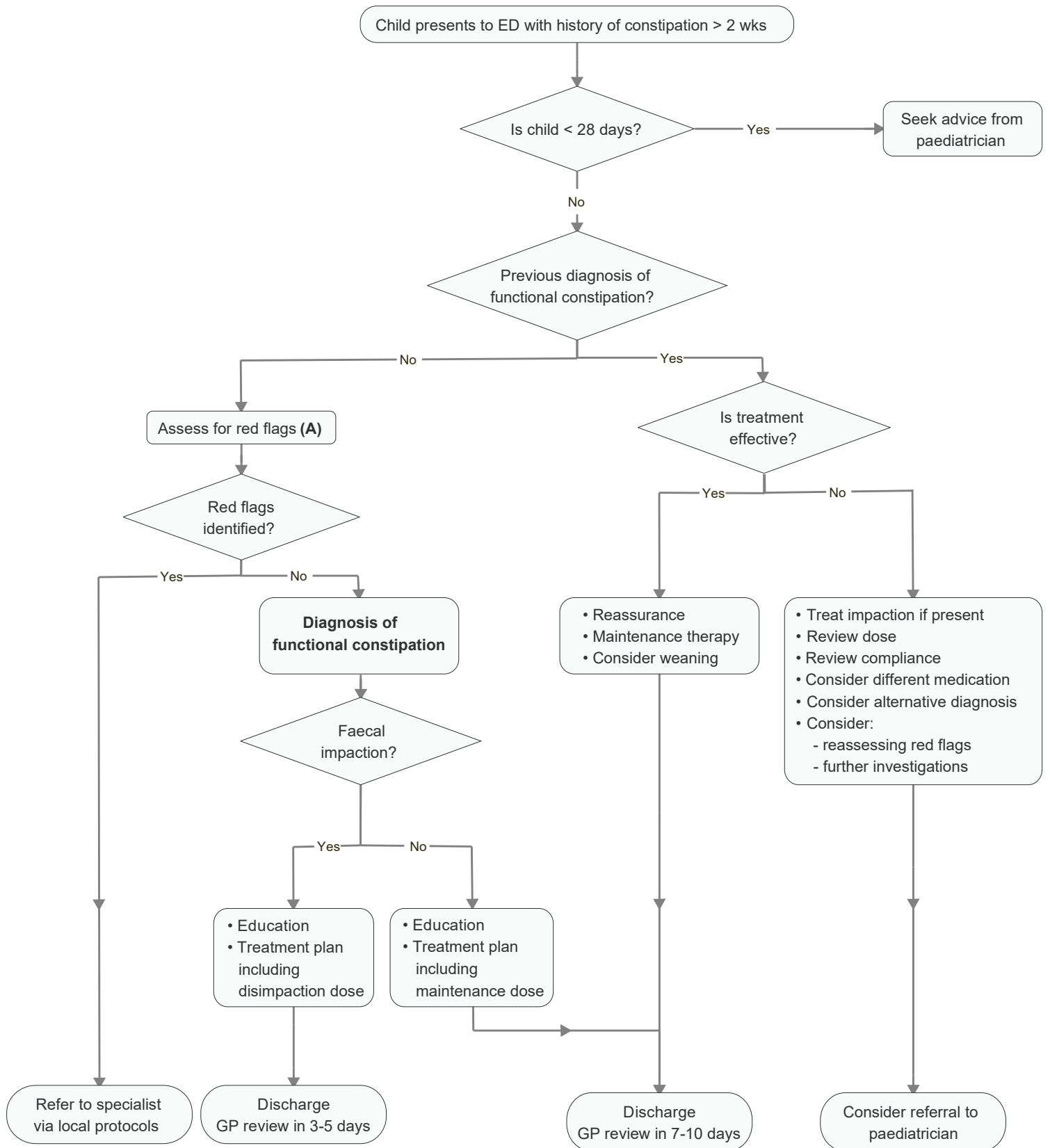


Constipation - Emergency Management in Children - Flowchart



A. Red flags to suggest underlying pathology

- Delayed passage of meconium (> 48 hours)
- Perianal disease
- Blood in stool (gross or occult)
- Thin strip-like stool
- Vomiting (especially bilious)
- Systemic symptoms (fever, weight loss, delayed growth)
- Extra intestinal symptoms of Inflammatory Bowel Disease (rashes, arthritis, sore eyes, mouth ulcers)
- Urinary symptoms (frequent UTI/retention)
- Abnormal lower limb neurology
- Deviated gluteal cleft
- Patulous anus

For more information refer to the *Statewide Paediatric Guideline: Constipation - Emergency Management in Children*

Constipation - Emergency Management in Children – Medications

Medication for the treatment of constipation in children				
Medication	Flavour	Amount	PEG 3350 Content	+electrolytes
Osmolax	Flavourless	Small scoop Large scoop	8g 17g	No
Movicol- Full	Flavourless, lemon-lime, chocolate	1 sachet	13.125g	Yes
Movicol- Half/ Junior	Half- Lemon-lime Junior- Flavourless	1 sachet	6.563g	Yes
Clearlax	Flavourless	1 sachet	17g	No
Golyteley	Flavourless, pineapple	In 4L jug	236g in 4L =7.375g in 125ml	Yes

Polyethylene glycol (PEG 3350) dosing for the treatment of constipation in children	
Initial disimpaction dose (PO)	<p>1.5g/kg/day for 3 days</p> <p>Given in presence of impacted stool.</p> <p>Review after 3 days to determine if treatment has been successful.</p>
Maintenance dose (PO)	<p>Adjust Movicol/Osmolax dose according to symptoms and response.</p> <p>A guide to the starting maintenance dose is half the disimpaction dose (on average 0.78g/kg/day). Dose should be customised to the child, by increasing or decreasing the total dose by around 25% every 2-3 days until stools are soft.</p>