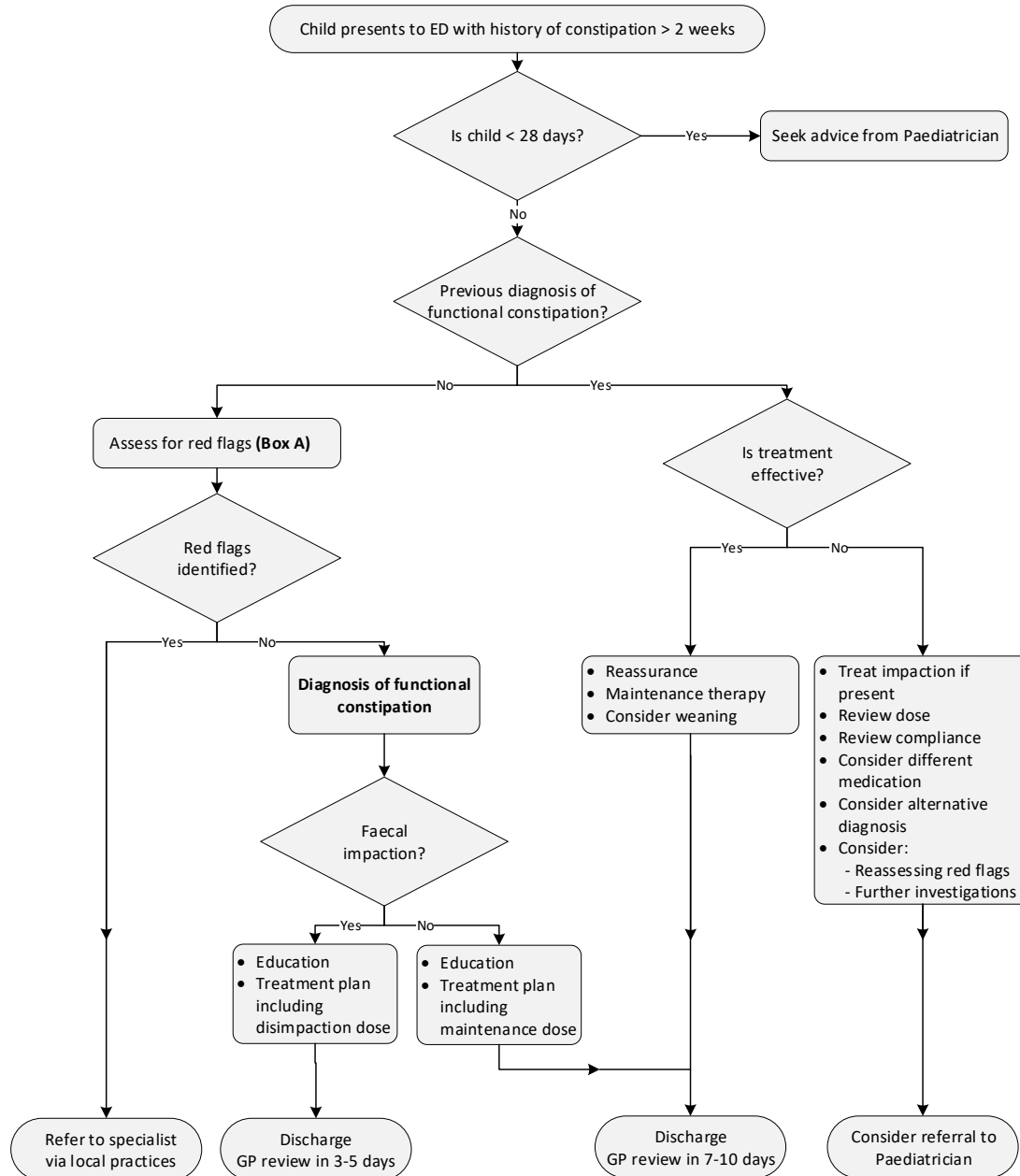


Queensland Paediatric Flowchart and Medications

Emergency

Constipation – Emergency management in children – Flowchart



Box 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)
- Consider hyperglycaemia if other symptoms such as polyuria/polydipsia
- Extra intestinal symptoms of Inflammatory Bowel Disease (rashes, arthritis, sore eyes, mouth ulcers)
- Urinary problems (frequent UTI/retention)
- Abnormal lower limb neurology
- Deviated gluteal cleft
- Patulous anus



Constipation – Emergency management in children – Medications

Medication for the treatment of constipation in children				
Medication	Flavour	Amount	PEG 3350 Content	Electrolytes
Movicol- Full	Flavourless, lemon-lime, chocolate	1 sachet	13.125 g	Yes
Movicol- Half/ Junior	Half- Lemon-lime Junior- Flavourless	1 sachet	6.563 g	Yes
Osmolax	Flavourless	Small scoop Large scoop	8 g 17 g	No

Polyethylene glycol (PEG 3350) dosing for the treatment of constipation in children	
Initial disimpaction dose (Oral)	1.5 g/kg/day for three days Review after three days to determine if treatment has been successful. Overflow incontinence can result from faecal impaction and indicates the need to increase (not decrease) the dose.
Maintenance dose (Oral)	Adjust dose according to symptoms and response. As a guide start with half the disimpaction dose (on average 0.75 g/kg/day). Customise the dose by increasing or decreasing the total dose by around 25% every two to three days until stools are soft.

For more information refer to [CHQ-GDL-60003 Constipation – Emergency management in children](#)

