

## CONSTIPATION : EMERGENCY ROOM CLINICAL PATHWAY

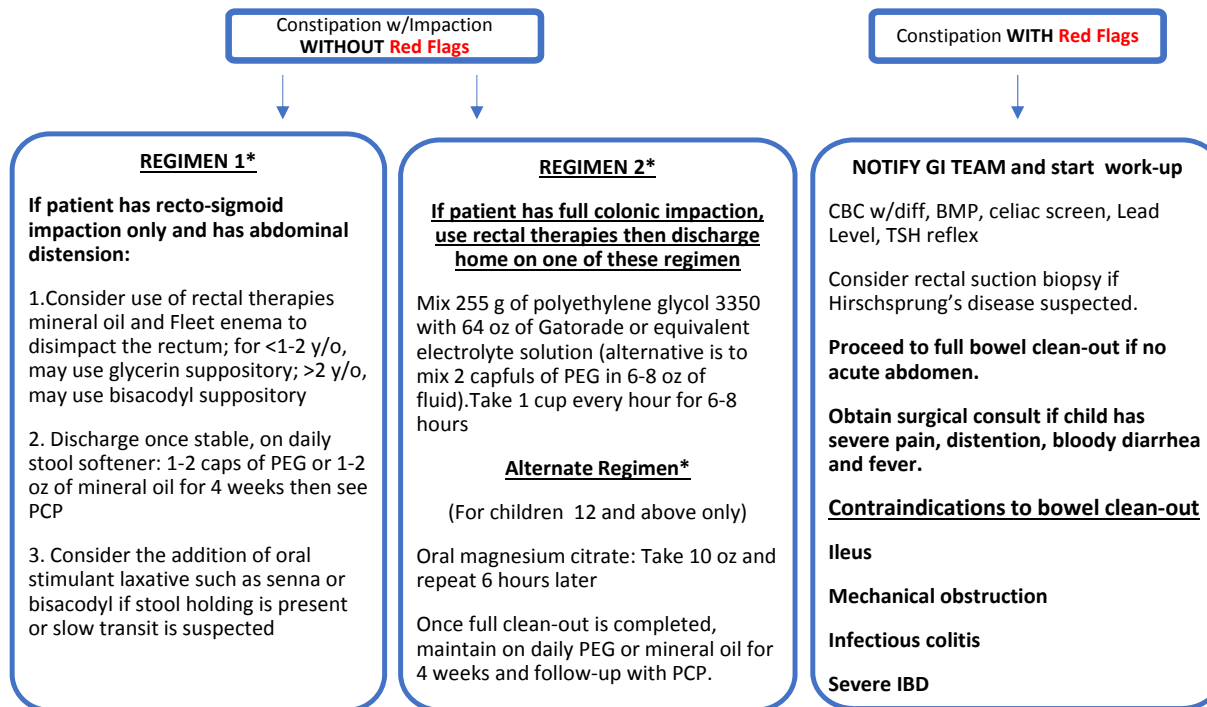
### Features suggestive of constipation:

1. Infrequent and/or painful defecation
2. Fecal incontinence
3. Abdominal pain
4. Large, hard stool

### Indications for admission

1. Failure to respond to standard outpatient clean-out regimen
2. Significant abdominal pain, distention and/or radiographic evidence of excessive fecal loading throughout the large bowel
3. Inability to carry out or complete the prescribed outpatient bowel regimen due to significant behavioral and/or developmental problems
4. Concomitant complex medical problems with risk for dehydration or other complications of full bowel clean-out/disimpaction
5. Children unable to take liquids orally must have the regimen administered by NG or Gtube.

**\*Consider obtaining an abdominal radiograph if H&P unclear**



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**\*Indications for outpatient referral to GI: (+) of red flags; duration >3 months; >1 ER visit for constipation**

**ROME IV Criteria** for functional constipation: Must have 2 or more features at least once/week for a minimum of 1 month:

1. Two or fewer defecation per week; developmental age at least 4 y/o
2. At least 1 fecal incontinence/week
3. History of retentive posturing or excessive volitional stool retention
4. Presence of large fecal mass in rectum
5. History of large diameter stools that obstruct the toilet

### Red Flags – Proceed with Caution

1. Delayed meconium > 48 hours of life
2. Symptom onset < 1 month of age
3. Persistent abdominal distention, vomiting, suspected obstruction
4. Bloody diarrhea
5. Biliious emesis
6. Family history Hirschsprung's disease
7. Failure to thrive, Weight loss
8. Tight rectum (gripping finger); explosive stool and air from rectum upon withdrawal examining finger
9. Midline or sacral dimple, tuft of hair over lower back
10. Lower limb weakness, motor delay
11. Signs of systemic illness: fever, mouth sores, joint pain, rash
12. Recurrent respiratory infection (CF)