# **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

Constipation w/Impaction WITHOUT Red Flags

#### REGIMEN 1\*

If patient has recto-sigmoid impaction only and has abdominal distension:

- 1.Consider use of rectal therapies mineral oil and Fleet enema to disimpact the rectum; for <1-2 y/o, may use glycerin suppository; >2 y/o, may use bisacodyl suppository
- 2. Discharge once stable, on daily stool softener: 1-2 caps of PEG or 1-2 oz of mineral oil for 4 weeks then see PCP
- 3. Consider the addition of oral stimulant laxative such as senna or bisacodyl if stool holding is present or slow transit is suspected

## **REGIMEN 2\***

If patient has full colonic impaction, use rectal therapies then discharge home on one of these regimen

Mix 255 g of polyethylene glycol 3350 with 64 oz of Gatorade or equivalent electrolyte solution (alternative is to mix 2 capfuls of PEG in 6-8 oz of fluid). Take 1 cup every hour for 6-8 hours

## Alternate Regimen\*

(For children 12 and above only)

Oral magnesium citrate: Take 10 oz and

maintain on daily PEG or mineral oil for 4 weeks and follow-up with PCP.

CBC w/diff, BMP, celiac screen, Lead Level, TSH reflex

Constipation WITH Red Flags

NOTIFY GI TEAM and start work-up

Consider rectal suction biopsy if Hirschsprung's disease suspected.

Proceed to full bowel clean-out if no acute abdomen.

Obtain surgical consult if child has severe pain, distention, bloody diarrhea and fever.

## Contraindications to bowel clean-out

lleus

Mechanical obstruction

Infectious colitis

Severe IBD

**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. Bilious 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)

repeat 6 hours later

Once full clean-out is completed.

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