

# Children's Wisconsin

## Co-Management Guidelines

To support collaborative care, we have developed guidelines for our community providers to utilize when referring to, and managing patients with, the pediatric specialists at Children's Wisconsin. These guidelines provide protocols for jointly managing patient cases between community providers and our pediatric specialists.

Constipation				
Diagnosis/symptom	Referring provider's initial evaluation and management:	When to initiate/consider referral to GI/subspecialty clinic:	What can referring provider send to GI Clinic?	Specialist's workup will likely include:
<p><b>Signs and symptoms</b>  <b>2 or more present for 1 month</b></p> <ul style="list-style-type: none"> <li>• 2 or less Bowel Movements (BMs) per week</li> <li>• Painful or hard stools</li> <li>• Large diameter stools</li> <li>• Presence of large fecal mass in rectum</li> <li>• If potty trained or 4+ yrs old:               <ul style="list-style-type: none"> <li>○ At least one episode of fecal incontinence per week and/or</li> <li>○ History of retentive postures</li> </ul> </li> </ul> <p><b>Alarming signs/symptoms</b></p> <ul style="list-style-type: none"> <li>• Constipation starting before 1 month of age</li> <li>• Meconium passed &gt; 48 hours</li> <li>• Family history of Hirschsprung's disease</li> <li>• Ribbon stools</li> </ul>	<p><b>Diagnosis and Treatment</b></p> <p><b>If breast fed infant:</b></p> <ul style="list-style-type: none"> <li>• Reassurance that infrequent stools can be normal.</li> <li>• If infant dyschezia (crying for 10-30 minutes before passing a soft stool), can reassure infant will learn to defecate on own, or can do tummy massage, bicycle the legs and rectal stimulation with thermometer daily for a 2-3 weeks until infant has developed good pattern of elimination.</li> </ul> <p><b>For infant &lt; 6 months with constipation:</b></p> <ul style="list-style-type: none"> <li>• Suppository to clean out the rectum</li> <li>• Do not use liquid glycerin suppositories.</li> <li>• Give 0.5 to 1 oz of prune or pear juice in bottle daily or as needed to soften stools.</li> <li>• Change formula, consider whey based formula, or hydrolysate formula for 2 week trial.</li> <li>• If no improvement after 2 weeks consider hypoallergenic formula.</li> <li>• Tummy massage, bicycle legs, rectal stimulation as needed.</li> <li>• If retentive postures hold infant in squatting position.</li> </ul>	<ul style="list-style-type: none"> <li>• If one or more cleanouts were attempted and not successful.</li> <li>• If treatment was initially successful but always relapses.</li> <li>• (see algorithm for infants &lt;6 months and for children &gt;6 months)</li> <li>• Those with abnormal thyroid: refer to Endocrine.</li> <li>• Those with abnormalities of spine or muscle tone and reflexes: refer to neurology</li> <li>• If the anus has an unusual size, shape or position: refer to general surgery</li> </ul>	<p><b>1. Using Epic referral form, please complete:</b></p> <ul style="list-style-type: none"> <li>• Urgency of the referral</li> <li>• What is the patient's chief complaint</li> <li>• Describe details</li> <li>• Pertinent past medical history</li> <li>• What is the key question you want addressed</li> </ul> <p>In addition, please include the following in your note when you recommend an appt to our clinic:</p> <ul style="list-style-type: none"> <li>• Growth charts</li> <li>• Any lab tests that have been done.</li> <li>• Any abdominal films should be sent on CD or uploaded into CHW radiology if possible.</li> <li>• Office records indicating the treatment that has been recommended so far and the child's response to treatment.</li> </ul>	<p><b>After referral to GI Clinic:</b></p> <ul style="list-style-type: none"> <li>• Child will receive testing only if it is warranted and if it has not already been done.</li> <li>• You will receive consultation letter with assessment and plan within a week of the clinic visit.</li> <li>• You will receive updates any time the child returns for follow up.</li> <li>• You may also receive a phone call if there are any additional concerns.</li> </ul>



<ul style="list-style-type: none"> <li>• Blood in stools without anal fissures</li> <li>• Failure to thrive</li> <li>• Fever</li> <li>• Bilious vomiting</li> <li>• Abnormal thyroid gland</li> <li>• Severe abdominal distention</li> <li>• Perianal fistula</li> <li>• Abnormal position of anus</li> <li>• Absent anal or cremasteric reflex</li> <li>• Decreased lower extremity strength and tone or reflexes</li> <li>• Sacral dimple or hair tuft</li> <li>• Gluteal cleft deviation</li> <li>• Extreme fear during anal inspection</li> <li>• Anal scars: more than one episode of rectal prolapse, skin tags that are irritated, red, bleeding or large, more concerning in area other than 12 and 6 o'clock position.</li> </ul>	<ul style="list-style-type: none"> <li>• Dark karo syrup, although safe, is no longer consistently effective and may not work.</li> <li>• For infant &gt;6 months:</li> <li>• Suppository to clean out the rectum.</li> <li>• Lactulose syrup 1 mL/kg 1-2 times/day</li> <li>• Milk of Magnesia 1-3 mL/kg/day</li> </ul> <p><b>For toddler and young child not yet potty trained:</b></p> <ul style="list-style-type: none"> <li>• Education about potty training should be introduced early and repeated often to avoid unrealistic expectations of child. If constipated toilet training should be delayed until child is having regular pain free stools and is interested in potty training.</li> <li>• For toddler and preschool child who are withholding stools: <ul style="list-style-type: none"> <li>○ Relief of fecal impaction with oral or rectal medications:</li> <li>○ Liquid glycerin suppository every 48 hours until oral medications are working (no longer than 2 weeks).</li> <li>○ Or Miralax 1.5 gm/kg/day for 3 days for oral clean out. Then child can be maintained on Miralax 0.4-0.8 gm/kg/day. If parent has concerns about using Miralax can use different osmotic laxative or refer to:</li> </ul> </li> <li>• <a href="http://www.gikids.org/files/PEG_3350_FAQ_form_atted.pdf">http://www.gikids.org/files/PEG_3350_FAQ_form_atted.pdf</a> <ul style="list-style-type: none"> <li>○ Lactulose 1 mL/kg 1-2 times a day</li> <li>○ Milk of magnesia 1-3 mL/kg/day</li> <li>○ Mineral oil 1-3 mL/kg/day</li> <li>○ Most children who are volitionally holding back stool will also need stimulant for at least a few months:</li> </ul> </li> </ul>		<ul style="list-style-type: none"> <li>• Indicate if you want consult only, or consult and management of the constipation.</li> </ul> <p><b>2. Not using Epic referral form: Please fax to Central Scheduling (414- 607-5288)</b> the above information <b>and</b> include:</p> <ul style="list-style-type: none"> <li>- Chief complaint, onset, frequency</li> <li>- Recent progress notes</li> <li>- Labs and imaging results</li> <li>- Other diagnoses</li> </ul> <p><b>3. If feedback and discussion is needed prior to referral to GI, please place a GI e-consult through EPIC</b></p>	
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	<ul style="list-style-type: none"> <li>○ Senna syrup 1-2.5 mL 1-2 times/day</li> <li>○ Chocolate laxative (Exlax) 0.5 to 1 chew tab/day</li> </ul> <p><b>For older children may do the following for a clean out:</b></p> <ul style="list-style-type: none"> <li>● Give Miralax 1- 1.5 g/kg daily (max 3 caps) divided in 2 doses for 3 -5 days in a row (not to exceed 6 days in a row).</li> <li>● After clean out may continue maintenance Miralax 0.8g/kg (max 3 caps) by mouth daily</li> </ul> <p><b>Educate parents about:</b></p> <ul style="list-style-type: none"> <li>● The need for balanced diet, containing adequate fiber, fluids and avoiding excessive dairy. They also need to know about the medication and how it is to be administered, and that it should not be stopped until they are instructed to wean the child off it.</li> <li>● Parents need to know how to recognize signs of readiness for potty training and how to proceed.</li> </ul>			
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\*For additional resources regarding constipation, please reference the articles provided in UpToDate. These can be accessed on the UpToDate website via either the CHW or MCW teaching resources.

**References**

**Tabbers, M., DiLorenzo, C, Berger, M, Faure, C., Langendam, M., Nurko, S, Staiano, A., Vandenplas, Y, Benninga, M. (2014). Evaluation and Treatment of functional constipation in Infants and Children: Evidence-Based recommendations from ESPGHAN and NASPGHAN. It is in *JPGN* vol 58 (2) pp 260-261. Retrieved from [https://www.naspghan.org/files/documents/pdfs/cme/jpgn/Evaluation\\_and\\_Treatment\\_of\\_Functional.24.pdf](https://www.naspghan.org/files/documents/pdfs/cme/jpgn/Evaluation_and_Treatment_of_Functional.24.pdf)**

\*Approved by Specialty Medical Leader, CSG Clinical Integration, CMG Clinical Guidelines Core Team

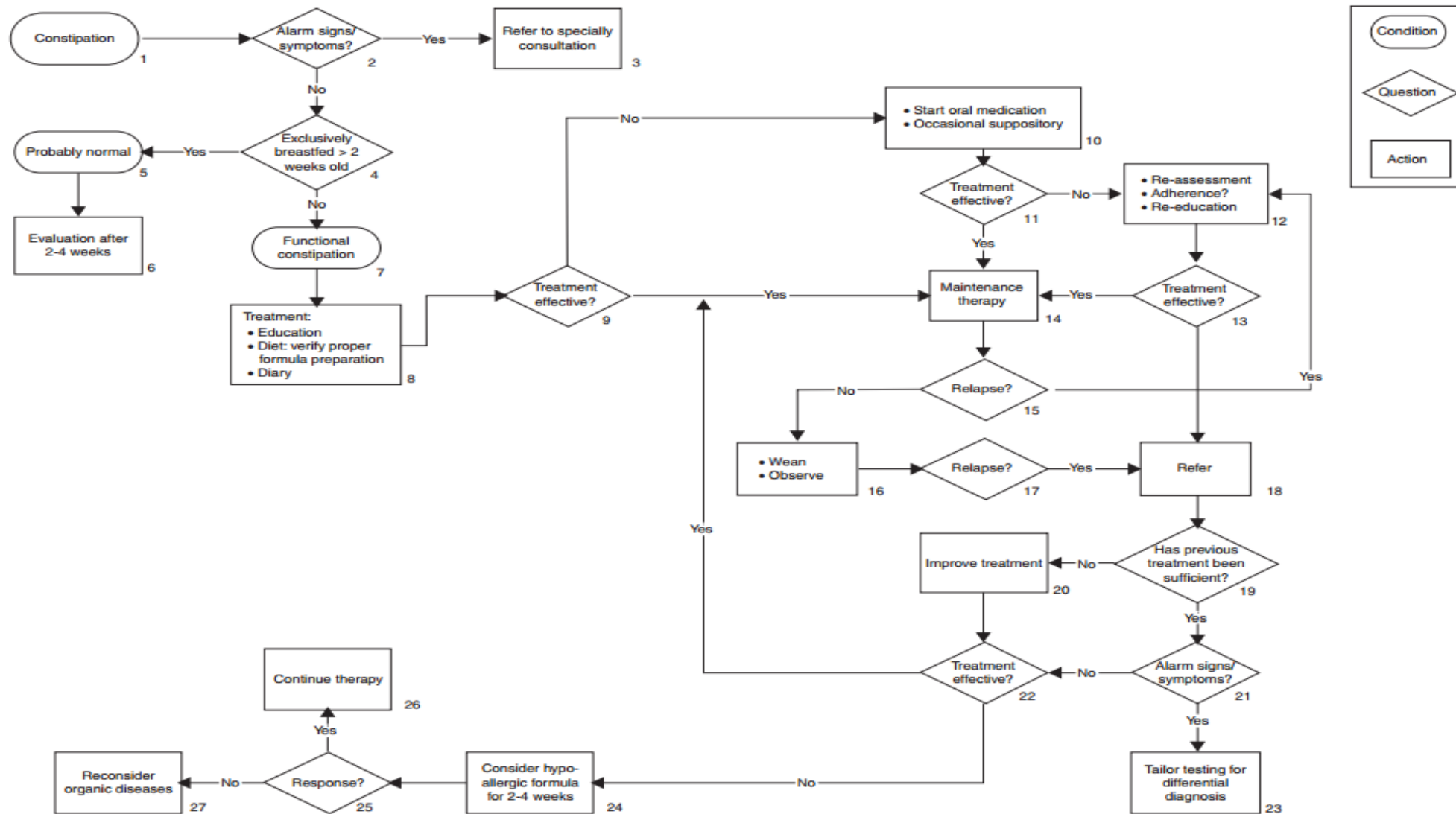
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**FIGURE 1.** Algorithm for the evaluation and treatment of infants <6 months of age.