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 refer to GI Clinic or consider other referrals	What can referring provider send to GI Clinic?	Specialist's workup will likely include:
Signs and symptoms **2 or more present for 1 month** • 2 or less Bowel Movements(BMs) per week • Painful or hard stools • Large diameter stools • Presence of large fecal mass in rectum • (if potty trained or 4 yrs old) : • At least one episode of fecal incontinence per week and/or • History of retentive postures **Alarming signs/symptoms** • Constipation starting before 1 month of age • Meconium passed > 48 hours • Family history of Hirschprungs disease • Ribbon stools • Blood in stools without anal fissures • Failure to thrive	**Diagnosis and Treatment** **If breast fed infant:** • Reassurance that infrequent stools can be normal. • If infant dyschezia 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. **For infant < 6 months with constipation:** • Suppository to clean out the rectum • Do not use liquid glycerin suppositories. • Give 0.5 to 1 oz of prune or pear juice in bottle daily or as needed to soften stools. • Change formula, consider whey based formula, or hydrolysate formula for 2 week trial. • If no improvement after 2 weeks consider hypoallergenic formula. • Tummy massage, bicycle legs, rectal stimulation as needed. • If retentive postures hold infant in squatting position. • Dark karo syrup, although safe, is no longer consistently effective and may not work.	• If any of the alarm signs and symptoms are present. • Those with abnormal thyroid: refer to Endocrine. • Those with abnormalities of spine or muscle tone and reflexes: refer to neurology • If the anus has an unusual size, shape or position: refer to surgery • If one or more cleanouts were attempted and not successful. • If treatment was initially successful but always relapses. • (see algorithm for infants <6 months and for children >6 months)	**Internal Provider using Epic:** • Place Referral to Ambulatory Referral to Gastroenterology **External Provider using EPIC:** • Please fax a referral order to CHW GASTROENTEROLOGY CLINICS -OR- **Fax to:** (414) 607-5288. **Please include**: • What is the patient's chief complaint • What is the key question you want addressed • Growth Charts • Any abdominal films should be sent on CD or uploaded into CHW radiology, if possible. • Records indicating the treatment that has been recommended so far and the child's response to treatment.	**After referral to GI Clinic:** • Child will receive testing only if it is warranted and if it has not already been done. • You will receive consultation letter with assessment and plan within a week of the clinic visit. • You will receive updates any time the child returns for follow up. You may also receive a phone call if there are any additional concerns.

For questions concerning this work,
Contact mdconnect@childrenswi.org

Updated: 3/2024
Valid through: 3/2026
Denise Kilway, DNP, RN, APNP
*Approved 3/2024

• Fever • Bilious vomiting • Abnormal thyroid gland • Severe abdominal distention • Perianal fistula • Abnormal position of anus • Absent anal or cremasteric reflex • Decreased lower extremity strength and done or reflexes • Sacral dimple or hair tuft • Gluteal cleft deviation • Extreme fear during anal inspection • Anal scars	**For infant >6 months with constipation:** • Suppository to clean out the rectum. • Lactulose syrup 1 mL/kg 1-2 times/day • Milk of Magnesia 1-3 mL/kg/day **For toddler and young child not yet potty trained:** • 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. • For toddler and preschool child who are withholding stools: • Relief of fecal impaction with oral or rectal medications: • Liquid glycerin suppository every 48 hours until oral medications are working (no longer than 2 weeks). • 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: • http://www.gikids.org/files/PEG_3350_FAQ_formatted.pdf • Lactulose 1 mL/kg 1-2 times a day • Milk of magnesia 1-3 mL/kg/day • Mineral oil 1-3 mL/kg/day • Most children who are volitionally holding back stool will also need stimulant for at least a few months: • Senna syrup 1-2.5 mL 1-2 times/day • Chocolate laxative (Exlax) 0.5 to 1 chew tab/day **For older children may do the following for a clean out:** • Give Miralax 1- 1.5 g/kg daily divided in 2 doses for 3 -5 days in a row (not to exceed 6 days in a row).		• Indicate if you want consult only, or consult and management of the constipation.	

Updated: 3/2024
Valid through: 3/2026
Denise Kilway, DNP, RN, APNP
*Approved 3/2024

	• After clean out may continue maintence Miralax 0.8g/kg by mouth daily **Educate parents about:** • 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 is not to be stopped until they are instructed to wean the child off of it. • Parents need to know how to recognize signs of readiness for potty training and how to proceed.			
*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

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

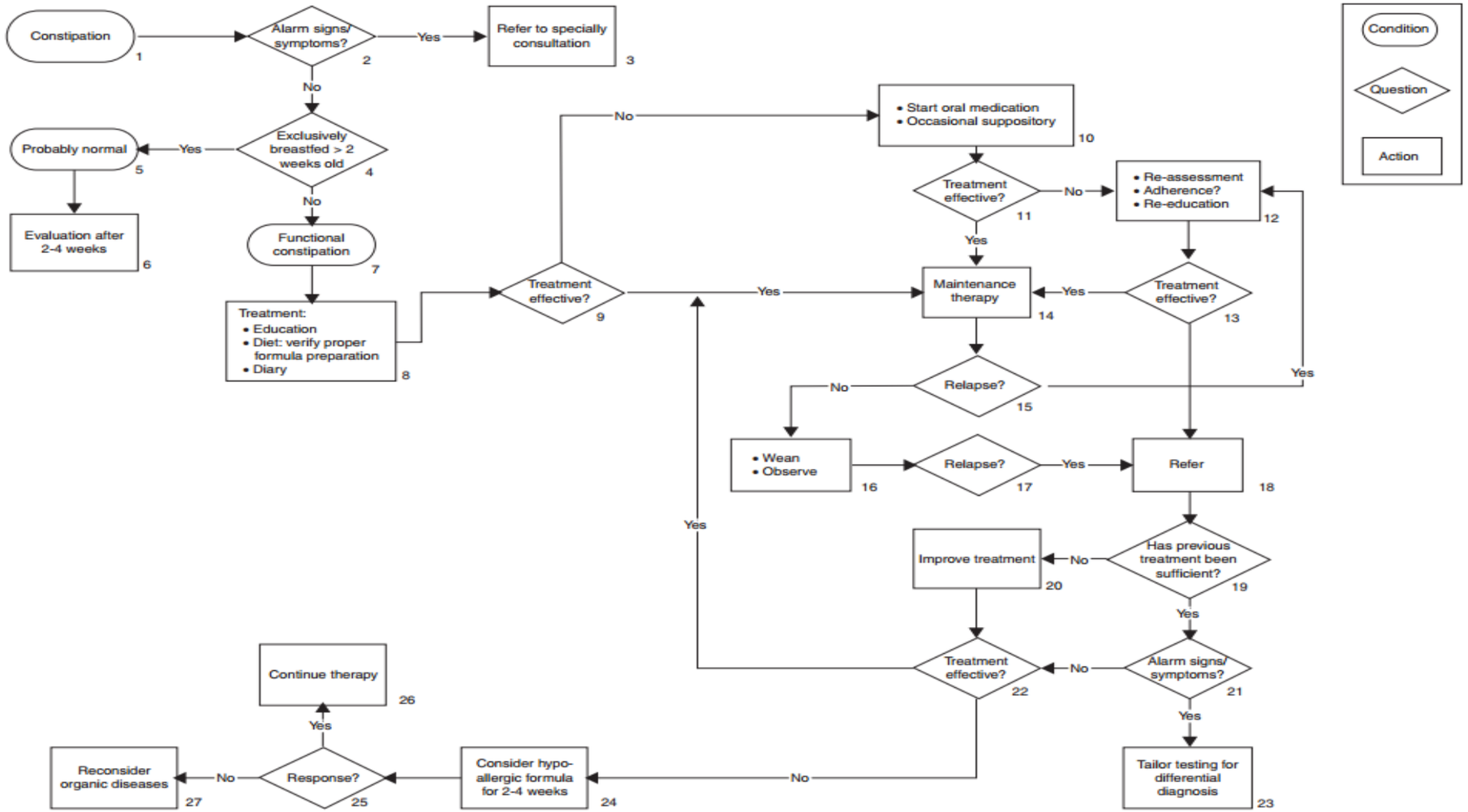

FIGURE 1. Algorithm for the evaluation and treatment of infants <6 months of age.

Updated: 3/2024
Valid through: 3/2026
Denise Kilway, DNP, RN, APNP
*Approved 3/2024