

CONSTIPATION IN INFANTS AND CHILDREN

I. DEFINITION:

Constipation refers to the character of the stool rather than to the frequency of defecation. Constipated stools are hard, dry, small, and accompanied by straining and/or pain.

II. ETIOLOGY:

- A. True constipation is very rare. If a child does not have a bowel movement daily, this is not a sign of constipation. A hard stool with difficulty every third day should be treated as constipation.
- B. There are numerous causes of true acute or chronic constipation. Typically the common causes of constipation in children and adolescents are low fiber diet, poor fluid intake and high intake of dairy products. Other functional causes include coercive toilet training or school bathroom avoidance.
- C. Constipation is the most prevalent cause of chronic abdominal pain in children and adolescents and is easily diagnosable with a careful history.

III. CLINICAL FEATURES:

- A. Infants and Toddlers (at least 2 of the following)
 - 1. ≥ 1 episode of incontinence after the acquisition of toilet training skills
 - 2. ≤ 2 defecations per week
 - 3. History of excessive stool retention
 - 4. History of painful or hard bowel movements
 - 5. Presence of a large fecal mass in the rectum
 - 6. History of a large diameter stool that might obstruct the toilet
- B. Children with a developmental age of 4-18 years (at least 2 of the following)
 - 1. ≤ 2 defecations per week
 - 2. ≥ 1 episode of fecal incontinence per week
 - 3. History of retentive posturing or excessive volitional stool retention
 - 4. History of painful or hard bowel movements
 - 5. Presence of a large fecal mass in the rectum
 - 6. History of a large-diameter stool that might obstruct the toilet

IV. MANAGEMENT PLAN:

- A. Review diet. If solids started early, may want to stop solids or reduce the amount and type of solids taken. Evaluate diet for balanced nutrition, adequate fluid and fiber intake.
- B. Teach parents about normal bowel patterns and expectations of toileting habits.
- C. Discourage the chronic use of stool softeners, laxatives, enemas, and suppositories.
- D. Increase fluid intake.
- E. Discourage use of honey and Karo syrup.
- F. Encourage exercise or play.

G. Encourage good bowel habits, such as prompt response to urge to defecate.

H. See "APPENDIX: Suggested Liquids/Foods.

I. Consultation/Referral:

Refer to APRN or physician for any of the following:

1. If child has recurrent fecal impactions, abdominal pain, vomiting, weight loss or encopresis.
2. Suspicion of anal fissures.
3. Failure to respond to treatment.

J. Follow-up:

1. If no improvement, refer.
2. Determine tracking priority utilizing professional judgment.

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