Constipation
Telephone Triage

Questions to ask:
1. Last size of stool (large, small, etc) and its consistency (hard, loose, etc)?
2. Typical stool pattern? Keeping a stool chart? If so discuss with them.
3. Any relevant past medical history (CF, thyroid disease, etc)
4. Do they sense complete evacuation of stool, rather than pass only small bits at a time?
5. Any fecal incontinence (soiling) amount and frequency
6. Any abd pain- quality, severity, location
7. Any bloating or distention? Are they passing flatus?
8. Rectal pain on defecation?
9. Any blood in stool (on toilet paper, excrement or dripping in toilet)
10. Current medications, doses, and frequency
11. Dietary habits (fluid intake, fiber, etc)
12. Any obvious retention behavior (are they stool withholding)
13. Any recent physical or psychological changes (illness, loss, relocation, school entry, etc)

Red Flags: **Referral to ER/PCP/sooner clinic visit if available
1. Severe abdominal pain (especially localized)
2. Firm, distended abdomen with associated pain
3. Blood in stool (large amount/ongoing)
4. Obstructive symptoms of vomiting, food refusal (several days)
5. Persistent fever greater than 101 with abd pain
6. Signs and symptoms of dehydration
7. Weight loss

Advice:
1. Encourage a calm environment when sitting on toilet
2. Encourage toilet sitting after meals to take advantage of gastrocolic reflex, Valsalva (blowing up a deflated balloon), using a foot stool for leverage while pushing, etc
3. Positive reinforcement for successful toilet sitting and bowel passage in toilet
Treatment Goals:
1. Soft stool (toothpaste consistency) at least every 1-2 days
2. No associated anal pain with passage of stool, less straining
3. No blood in stool
4. Defecates in the toilet/no accidents in underwear
5. Compliance with medications prescribed
6. Avoid stool withholding behaviors (if applicable)

Teaching:
1. Refer to NASPGNN patient teaching sheet (www.naspgnn.com)
2. Do not stop medications prescribed, instead call to discuss with provider - may need KUB to assess compliance and success of treatment
3. Fecal soiling usually occurs without child’s knowledge
4. Can take 6-12 months or longer for condition to resolve
5. Relapses are common
6. Accurate stool chart keeping: Document frequency and type of stool and if accidents occur
7. Dietary changes to include more fiber and fluid (grams of fiber needed = patient age in years + 5) Children 10-35 pounds need 4-6 cups of fluids daily, kids over 35 pounds need 6-8 cups of fluids daily, and adolescents/teens need 8-10 cups daily if possible.
8. Excessive dairy can exacerbate constipation. Dairy intake should be limited to 4 servings daily (serving = 3/4 cup milk, 1/2 cup of pudding, cottage cheese, yougurt, 1-2 ounces cheese)

Possible Causes:
The vast majority of constipation in pediatric patients is functional (ie- not representative of an organic disease process, dysmotility, spinal cord issues, or congenital anorectal malformations, etc. The American diet is highly processed and thus not always fiber enriched. Constipation tends to run in families as well.