The Poo Passport

From 1 year of age

IN THE COMMUNITY

For the use of the Health Care Provider

Part 1 of 2

Please use in combination with the Poo Passport Part 2 for Parents

Keep this booklet with the child's Health Care Records

Patient name: _____

Date of Birth: _____

GP Name: _____

Follow up schedule:

By GP/ Practise Nurse/ PHN

Weekly phone call for 6 weeks

Monthly thereafter for 6months

CONSTIPATION TREATMENT PATHWAY

Review General Practitioner

Complete Part 1 of Poo Passport
Section A, B & C

Diagnosis

Idiopathic Constipation	Underlying Cause

Treatment

Follow treatment plan in Part 1 1. **Dis-impaction** 2. **Maintenance medication** 3. **Education - give Part 2 of Poo Passport to parent & child.** 4. **Follow up** **Follow up schedule by GP/ Practise Nurse/ PHN** • **Weekly phone call for 6 weeks** • **Monthly thereafter for 6months**	**DO NOT TREAT** **Refer to Paediatrician/ specialist who deals with this issue for further investigation and treatment**

Recurrent episodes of faecal loading, intractable constipation after treatment and follow up for 6 months

Refer to Paediatrician/ specialist

Investigate further

Diagnosis

Idiopathic constipation	Underlying condition

Refer back to source with Poo passport	Treat underlying condition and constipation

Section A: Key components of history-taking

History-taking: Childhood constipation – 1 year and older		
Stool patterns and symptoms: indicate by circling the correct response for each question Stool type is based on the Bristol Stool Form Scale See page 15		
Two or more YES answers indicate constipation	YES	NO
Does the child or young person have a bowel movement fewer than three times a week (stool type 3 or 4)?		
Does the child or young person pass large hard stools?		
Does the child or young person pass 'rabbit droppings' (type 1)		
Have you noticed any soiling (very loose, very smelly stool passed without sensation) in recent days?		
Does the child or young person have poor appetite that improves with the passage of a large stool?		
Does the child or young person experience abdominal pain that comes and goes with the passage of stool?		
Is there evidence of retentive posturing (ie. typically straight-legged, tiptoed, back arching posture)?		
Does the child or young person strain when passing stools?		
Does the child or young person experience anal pain?		
Has the child or young person had any previous episodes of constipation or the present symptoms?		
Have you noticed any cracks or tears in the anal region?		
Does the child or young person bleed when passing stools?		
Total number of YES answers		

Section B: Key questions to diagnose idiopathic constipation

If the result of part 1 indicates constipation use these questions to excluding underlying causes and establish a positive diagnosis of idiopathic constipation.

Tick findings in relevant box

1. When was the onset of constipation?

After a few weeks of life	Indicates idiopathic constipation	
Birth or first few weeks of life	Indicates an underlying disorder	

2. When did the child pass meconium?

Within 48 hours after birth (in term baby)	Indicates idiopathic constipation	
More than 48 hours after birth (in term baby) or not at all	Indicates an underlying disorder	

3. Does the child or young person pass 'ribbon stools'?

Yes	Indicates an underlying disorder	

4. Are there any concerns about the growth and general wellbeing of the child?

No: generally well, weight and height within normal limits, fit and active	Indicates idiopathic constipation	
Yes: faltering growth[1]	Possible idiopathic constipation	

5. Does the child or young person have a good diet with adequate fluid intake?

No	Indicates idiopathic constipation	

6. Is the abdomen of the child or young person distended and are they vomiting?

Yes	Indicates an underlying disorder	

If any symptoms indicate an underlying disorder, refer the child or young person urgently to a healthcare professional with experience in the specific aspect of child health that is causing concern. Do not treat them for constipation.

[1] If the history-taking and/or physical examination show evidence of faltering growth treat for constipation and test for hypothyroidism and coeliac disease. See also 'Coeliac disease: recognition and assessment of coeliac disease' (2009) NICE clinical guideline 86.

Section C: Key components of physical examination to diagnose idiopathic constipation[2]

Tick findings in relevant box		
Normal appearance of anus and surrounding area	Indicates idiopathic constipation	
Abnormal appearance / position / patency of anus: fistulae, bruising, multiple fissures, tight or patulous anus, anteriorly placed anus.	Indicates an underlying disorder	

Soft abdomen: flat or distension that can be explained because of age or excess weight	Indicates idiopathic constipation	
Gross abdominal distension	Indicates an underlying disorder	

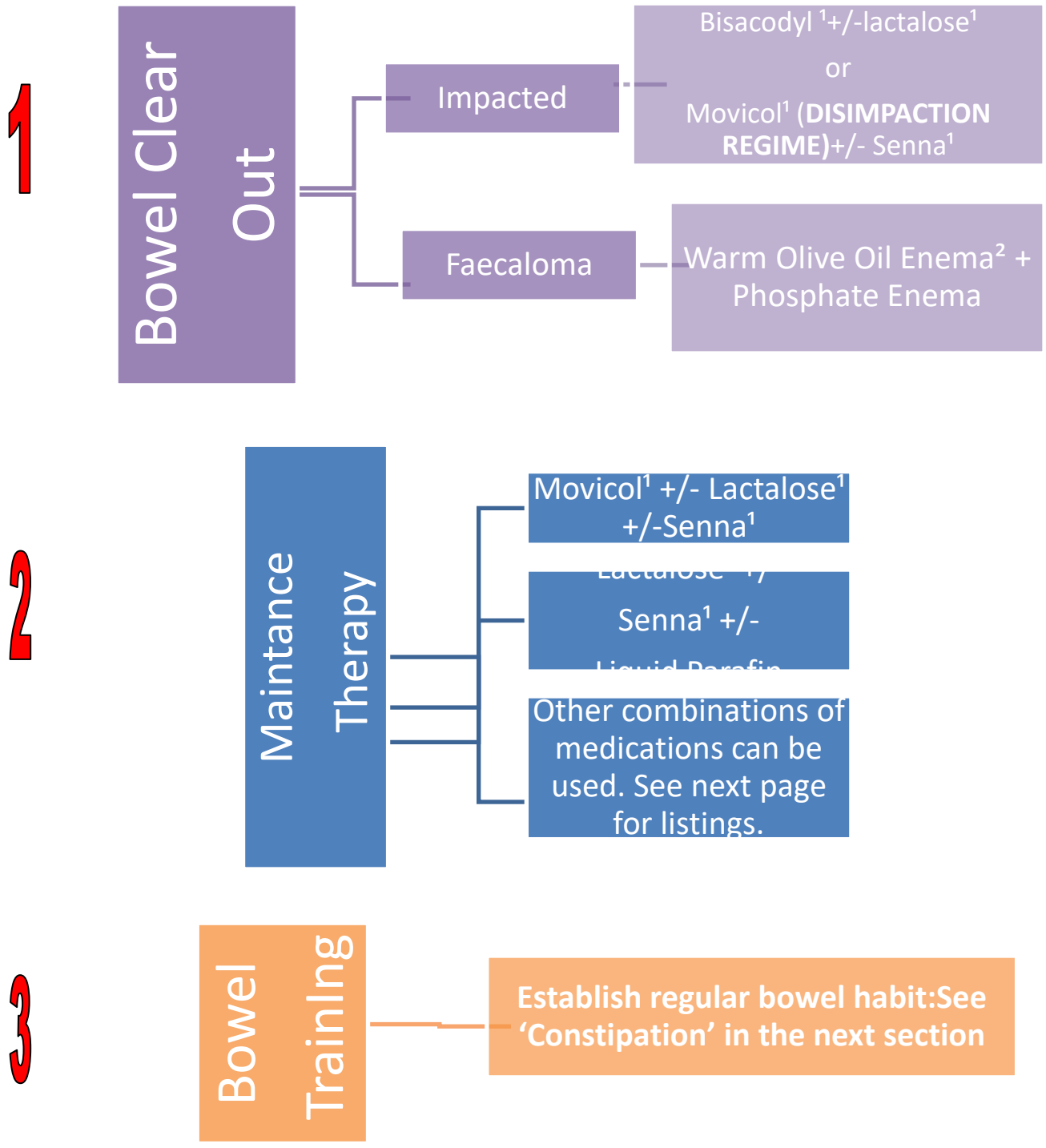
Normal appearance of the skin and anatomical structures of lumbosacral/gluteal regions	Indicates idiopathic constipation	
Abnormal: asymmetry or flattening of the gluteal muscles, evidence of sacral agenesis, discoloured skin, naevi or sinus, hairy patch, lipoma, central pit (dimple that you can't see the bottom of), scoliosis	Indicates an underlying disorder	

Normal gait; normal tone and strength in lower limbs	Indicates idiopathic constipation	
Deformity in lower limbs such as talipes Abnormal neuromuscular signs unexplained by any existing condition, such as cerebral palsy	Indicates an underlying disorder	

Reflexes present and of normal amplitude	Indicates idiopathic constipation	
Abnormal reflexes	Indicates an underlying disorder	

[2]: If either the history-taking or the physical examination shows evidence of possible maltreatment treat for constipation and refer to Children First National Guidance 2011

TREATMENT PLAN



[1] Please refer to next page and BNFC for dosages
[2] See the last page for details on Olive Oil Enema

OSMOTIC LAXATIVES

MACROGOLS

1. Polyethylene glycol 3350 + electrolytes

Paediatric formula: Oral powder: macrogol 3350 (polyethylene glycol 3350) 6.563 g; sodium bicarbonate 89.3 mg; sodium chloride 175.4 mg; potassium chloride 25.1 mg/sachet

DISIMPACTION

Child under 1 year: ½–1 sachet daily (non-BNFC recommended dose)

Child 1–5 years: 2 sachets on 1st day, then 4 sachets daily for 2 days, then 6 sachets daily for 2 days, then 8 sachets daily (non-BNFC recommended dose)

Child 5–12 years: 4 sachets on 1st day, then increased in steps of 2 sachets daily to maximum of 12 sachets daily (non-BNFC recommended dose)

ONGOING MAINTENANCE (chronic constipation, prevention of faecal impaction)

Child under 1 year: ½–1 sachet daily (non-BNFC recommended dose)

Child 1–6 years: 1 sachet daily; adjust dose to produce regular soft stools (maximum 4 sachets daily) (for children under 2, non-BNFC recommended dose)

Child 6–12 years: 2 sachets daily; adjust dose to produce regular soft stools (maximum 4 sachets daily)

Adult formula: Oral powder: macrogol 3350 (polyethylene glycol 3350) 13.125 g; sodium bicarbonate 178.5 mg; sodium chloride 350.7 mg; potassium chloride 46.6 mg/sachet

DISIMPACTION

Child/young person **12–18 years:** 4 sachets on 1st day, then increased in steps of 2 sachets daily to maximum of 8 sachets daily (non-BNFC recommended dose)

ONGOING MAINTENANCE (chronic constipation, prevention of faecal impaction)

Child/young person **12–18 years**: 1–3 sachets daily in divided doses adjusted according to response; maintenance, 1–2 sachets daily

2. Lactalose

- Child **1 month to 1 year:** 2.5 ml twice daily, adjusted according to response

Child **1–5 years**: 2.5–10 ml twice daily, adjusted according to response (non-BNFC recommended dose)

Child/young person **5–18 years**: 5–20 ml twice daily, adjusted according to response (non-BNFC recommended dose)

STIMULANT LAXATIVES

1. Sodium picosulfate[b] (Non-BNFC recommended doses)

- Elixir (5 mg/5 ml)

Child **1 month to 4 years**: 2.5–10 mg once a day

Child/young person **4–18 years**: 2.5–20 mg once a day

Perles[c] (1 tablet = 2.5mg)

Child/young person **4–18 years**: 2.5–20mg once a day

2. Bisacodyl (Non-BNFC recommended doses)

- By mouth (5mg tablet)

DISIMPACTION

<5 years old – 1 tablet a day for 3 – 5 days

>5 years old – 2 tablets a day for 3 – 5 days

By rectum (suppository)

Child/young person **2–18 years**: 5–10 mg once daily

3. Senna[d]

- Senna syrup (7.5 mg/5 ml)

Child **1 month to 4 years**: 2.5–10 ml once daily

Child/young person **4–18 years**: 2.5–20 ml once daily

Senna (non-proprietary) (1 tablet = 7.5 mg)

Child **2–4 years**: ½–2 tablets once daily

Child **4–6 years**: ½–4 tablets once daily

Child/young person **6–18 years**: 1–4 tablets once daily

4. Docusate sodium[e]

Child **6 months–2 years**: 12.5 mg three times daily (use paediatric oral solution)

Child **2–12 years**: 12.5–25 mg three times daily (use paediatric oral solution)

Child/young person **12–18 years**: up to 500 mg daily in divided doses

BULK-FORMING LAXATIVES

ISPAGHULA HUSK

1.Fybogel

Adequate fluid intake should be maintained to avoid intestinal obstruction

Child **6-12 years:** ½ - 1 level 5ml spoonful in water twice daily, preferably with meals

Child **12-18 years:** 1 sachet (or 2 level 5ml spoonful's) in water twice daily, preferably with meals

STOOL SOFTENER

1. Liquid Parafin (Non-BNFC recommended doses)

Short term use. Do not give before bedtime. Store in fridge (also improves the taste). May affect absorption of fat soluble vitamins.

N.B: should not be given to child with swallowing difficulties or impaired neurodevelopment because of risk of pulmonary aspiration.

Child **over 3years of age**: 1ml/kg. the dose is increased in 10ml increments every 3 -5 days until the child is having soft stools that are easy to pass. Maximum 40mls/24hours.

All drugs listed above are given by mouth unless stated otherwise.

Unless stated otherwise, doses are those recommended by the British National Formulary for Children (BNFC) 2009. Informed consent should be obtained and documented whenever medications/doses are prescribed that are different from those recommended by the BNFC.

[a] At the time of publication (May 2010) Movicol Paediatric Plain is the only macrogol licensed for children under 12 years that includes electrolytes. It does not have UK marketing authorisation for use in faecal impaction in children under 5 years, or for chronic constipation in children under 2 years. Informed consent should be obtained and documented. Movicol Paediatric Plain is the only macrogol licensed for children under 12 years that is also unflavoured.

[b] Elixir, licensed for use in children (age range not specified by manufacturer). Perles not licensed for use in children under 4 years. Informed consent should be obtained and documented.

[c] Perles produced by Dulcolax should not be confused with Dulcolax tablets which contain bisacodyl as the active ingredient

[d] Syrup not licensed for use in children under 2 years. Informed consent should be obtained and documented.

[e] Adult oral solution and capsules not licensed for use in children under 12 years. Informed consent should be obtained and documented

Olive Oil Enema

THE PURPOSE OF THE WARM OLIVE OIL ENEMA IS TO LUBRICATE THE STOOL

0-3 years: 60mls
3-7 years: 90mls
7-12 years: 120ml

Equipment:

Rectal catheter Size 12
Catheter tip syringe
Lubricant
Warmed Olive Oil
Incontinence Sheet

Method:

- Allow child to go to the toilet before procedure
- Explain procedure to child
- Warm Olive Oil by placing the bottle in a bowl of warmed water (Olive oil should be body temp)
- Attach syringe and catheter
- Draw up olive oil
- Lubricate tip of catheter
- Insert catheter into rectum approx.10 cm
- Insert olive oil
- Never force in the fluid, if resistance is met- reposition catheter
- After oil is inserted, elevate feet if possible
- Give pain relief if any cramps are experienced

Guidelines on treatment adapted from National Institute for Health and Care Excellence. Constipation in children and young people: diagnosis and management of idiopathic constipation in primary and secondary care 2010: bit.ly/1$_2$Wt 2FU

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