

# CONSTIPATION PATHWAY



**HEALTH  
BUILDERS**

For Children, Young People and Families

# IS MY CHILD CONSTIPATED?



It can be difficult for children of any age to tell someone they are constipated. The signs of constipation include:

- Less than 3 poo's a week
- Tummy ache/cramps
- Pain or straining when passing poo
- Passing dry hard poo
- Avoiding the toilet
- Not feeling the need to poo
- Feeling that the poo is not finished
- Sore bottom
- Unpleasant smelling wind

# PEOPLE YOU CAN TURN TO FOR HELP



The key professionals trained to help children with constipation are health visitors, school nurses and the family doctor.

They all work together as the **core team** to look after children with constipation and are experts at helping families.

If a child is seen by an out of hours doctor, a hospital consultant or by the Accident and Emergency department they will always link you and your child back into the **core team**.

# WHAT THE TEAM WILL DO



With you they will reach a clear understanding of your child's needs by:

- Listening to your concerns
- Taking a history
- Carrying out a physical examination

Following this they will agree a plan with you based on National Guidance (NICE)<sup>†</sup>

The plan will depend on:

- If there are any underlying medical conditions\*
- If the poo is impacted
- Other related issues

<sup>†</sup> NICE – National Institute of Clinical Excellence [www.nice.org.uk](http://www.nice.org.uk)

\* The most common type of constipation is called idiopathic which means it has no underlying cause.

# THE PLAN



The Plan must include:

- Medicines
- Diet, drink and exercise
- Toilet routine and behaviour

The front line medicine is macrogol paediatric.

Some children may require treatment for impaction\*.

This will be explained and will also require macrogol.

You will always receive:

- A copy of the Health Builders Advice leaflet incorporating your child's plan & a copy of this constipation pathway.

\* Impaction is a large, dry, hard poo which is stuck.

# SUPPORT

A member of the core team will be in regular contact.

Contact will initially be every 2-3 weeks.

If your child is impacted a member of the team will see them within a week of treatment starting.

After 8 weeks if no progress has been made, advice may be sought from a specialist. The specialist will provide advice through the core team. Typically a child only needs to see a specialist once.

The core team will keep you up to date and regularly review progress with you.



# HOW WILL YOU KNOW YOUR CHILD IS BETTER?



They will have a soft comfortable poo more than three times a week.

They will be less likely to become constipated again.

You will have knowledge and skills to prevent constipation and what to do in the future.

# FURTHER ADVICE...



Contact Details





# WHAT IS NORMAL?

We are all different, anything from 3 times a day to 3 times a week is 'normal'.

It can be difficult or embarrassing for many children (and adults) to talk about going to the toilet, this chart is often used to help understand what the normal poo looks like! Types 3 and 4 are considered the 'normal'; types 1 and 2 are typically associated with constipation and types 5 to 7 with diarrhoea.

You may find it useful to use this chart when you talk to your child about going to the toilet, as they may be able to point out what it looks like now, and over a period of time, see how it improves.

THE BRISTOL STOOL FORM SCALE (for children)  
**choose your**

# POO!

type **1**



looks like  
**rabbit droppings**

Separate hard lumps, like nuts (hard to pass)

type **2**



looks like  
**bunch of grapes**

Sausage-shaped but lumpy

type **3**



looks like  
**corn on cob**

Like a sausage but with cracks on its surface

type **4**



looks like  
**sausage**

Like a sausage or snake, smooth and soft

type **5**



looks like  
**chicken nuggets**

Soft blobs with clear-cut edges (passed easily)

type **6**



looks like  
**porridge**

Fluffy pieces with ragged edges, a mushy stool

type **7**



looks like  
**gravy**

Watery, no solid pieces ENTIRELY LIQUID

Concept by Professor DCA Candy and Emma Davey, based on the Bristol Stool Form Scale produced by Dr KW Heaton,  
Reader in Medicine at the University of Bristol.

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# FIBRE & FLUID

- 6-8 drinks every day
- Regular meals
- Gradually include more fibre at each meal and snack, for example
  - Fruit and vegetables - try to have a variety and aim to eat 5 "me sized" servings every day
  - High fibre breakfast cereals - at breakfast time or as a snack e.g. porridge, Shredded Wheat, Shreddies, Weetabix,
  - Wholemeal, granary or high fibre white bread
  - Pulses - for example add lentils, chickpeas or red kidney beans to stews, soups or casseroles and don't forget the old favourite baked beans



For further information visit [www.nhs.uk](http://www.nhs.uk) and search "5 a day" and "change 4 life".

# LIFESTYLE & ROUTINE

Don't be afraid to talk to your child about going to the toilet - after all we all do it!

**Routine** - The urge to poo occurs naturally after eating - take advantage of this and try getting into the habit of going to the toilet 20-30 minutes after meals, however listen to your body, recognise the signs and go the toilet when you feel the need to. Don't rush children who need to sit for a little longer.

**Position** - Be comfortable and relaxed - use a child seat if necessary. Feet on floor, stool or a step and hands free. If your child needs some encouragement use a windmill or bubbles and keep these just for the toilet – they occupy the hands, act as a distraction and relax the muscles.



**Exercise** - Children should aim for a minimum of 60 active minutes every day, for ideas see [www.nhs.uk/change4life](http://www.nhs.uk/change4life)